

**PSNC LPC and Implementation Support Subcommittee Agenda**  
**for the meeting to be held on Tuesday 10th October 2017**  
**at 14 Hosier Lane, London, EC1A 9LQ**  
**commencing at 1.30pm in the Southgate room**

**Members:** Sam Fisher, Peter Fulford, Kathryn Goodfellow, Jas Heer, Umesh Patel, Anil Sharma, Fin McCaul

**Apologies for absence**

At the time of setting the agenda, no apologies for absence had been received.

**Minutes of previous meeting and matters arising**

The minutes of the meeting held on 11th July 2017 are set out in **Appendix LIS 01/10/17 (pages 11-13)** for approval.

**Agenda and Subcommittee Work**

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

**Changes to the contractual framework and local commissioning**

<b>1</b>	Providing support and guidance to contractors and LPCs related to the 2017/18 changes to the CPCF
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**Report: Quality Payments Scheme (QPS)**

An update on the implementation of the scheme and validation of the April 2017 declarations is set out in **Appendix LIS 02/10/17 (pages 14-17)**.

**Report: Funding pages of website**

In the light of the major ongoing medicines pricing issues we are reviewing how best to keep contractors informed. The Dispensing and Supply team have updated the form used to report pricing issues to try to make it easier for contractors to use.

**Subcommittee Action:**

- The subcommittee is asked to review the next steps and to consider what additional support PSNC can provide to contractors and LPCs to support implementation of the changes to the CPCF.

**Next Steps:**

Continue to communicate with contractors and LPCs regarding the CPCF changes, particularly as new information becomes available.	Ongoing
Continue to progress discussions with NHS England on the implementation of the NUMSAS and the Quality Payments Scheme and issue guidance and develop further resources to support contractors as required.	Ongoing

Review and update the funding pages of the website to ensure they provide the best possible information and advice relating to the changes.	Ongoing
Discuss the implementation of the changes at the national LPC Chairs and Chief Officers meeting.	Complete

## 2 Develop template service specifications, business cases and other resources (SDS) and offer support for local commissioning of services (LIS)

### Report:

**Pharmacy Show** – Sue Sharpe will be speaking on the ‘Outlook for community pharmacy 2018-2020’ and Alastair Buxton is also speaking with Janice Perkins and Leyla Hannbeck on ‘Quality Payments, making sure you’re ready for November’; both presentations will be in the Keynote Theatre on Sunday 8th October.

PSNC is also hosting the Pharmacy Services Innovation theatre; the programme for the theatre has been arranged by the Services Team. Alastair Buxton and Mike King will be co-chairing the theatre over the two days.

**Provider companies and Community Provider Support Services (CPSS)** – There are currently 14 local LPC supported provider companies, this includes the recently formed West Midlands company set up with PSNC support. We are working with CPSS to monitor successful tenders and contract values. Some provider companies are finding that there are few, if any, tendering opportunities and are planning to wind up. Others are diversifying into other areas.

This situation, amongst other factors, has led to limited traction for the national support company CPSS trading as Healthcare Together. The company, set up with PSNC and NPA funding has produced a portfolio of services – some free such as tender scanning – others chargeable such as tender writing. Draft policies, guidance, templates and other material are available on the Healthcare Together website. Healthcare Together also produces a Newsletter. CPSS has presented to PSNC, LPC regions, PSNC national events, AIMp and others.

CPSS is considering options for its future operations and self-sustainability which include charging for some currently free of charge services, re- basing its strategy and business plan, and bidding for contracts itself.

PSNC has produced a guide for LPCs on the governance when facilitating the setting up of a local provider company and the ongoing relationship with the company once formed.

**Commissioner events** – Work has continued over the summer to prepare for the RCGP Conference which we will have an exhibition stand at on October 12th and 13th. The stand has been jointly funded with the other UK negotiating bodies. We will use the opportunity to discuss with GPs subjects such as eRepeat Dispensing and pharmacy services, as well as highlighting the Walk in My Shoes Toolkit.

Rosie Taylor has had a meeting with representatives from the Primary Care and Public Health Show and has expressed interest in representatives from the Services Team speaking at this event again in 2018.

**Commissioners email bulletin** – Registrations have increased from 721 subscribers in July to 791 in September 2017.

**Ashridge Communications** – At the last LIS meeting the subcommittee received a brief update from Ashridge on outcome of their work and agreed to hold a telecon over the summer to discuss the report once it was available. The report of that call, the outcomes agreed and responses to the recommendations are set out in **Appendix LIS 03/10/17 (pages 18-22)**.

**LPC Pharmacy Integration Survey** – The findings of the survey were published over the summer, alongside a PSNC webinar in which LPCs shared their experiences of engaging with those responsible for creating STPs and new care models. The report and webinar can be viewed at: <http://psnc.org.uk/our-news/integrating-community-pharmacy-in-new-models-of-care/>

**Subcommittee Action:**

- Discuss the Ashridge paper and consider actions that should be undertaken; and
- Review the proposed next steps and suggest additional activities that may be appropriate.

**Next Steps:**

Consider the Ashridge report and recommendations following the meetings with commissioners and plan further support for LPCs based on the findings.	July and Ongoing
Highlight learnings to LPCs and contractors from successful local services.	Ongoing
Consider three PSNC organised regional meetings led by LPCs to showcase local services and commissioning opportunities to commissioners. Following discussions in the office the view is that these meetings do not go ahead this year and reconsidered for next year’s workplan.	September
Continue to encourage LPCs to report successes and share good practice.	Ongoing
Consider what events PSNC might use to influence commissioners in 2017.	Complete
Explore options for using digital communications to engage with commissioners.	Ongoing
Share good practice and experiences of LPC involvement with provider companies.	Ongoing
Work on a one-to-one basis with LPCs considering facilitating the setting up of a provider company, promoting the services available from Healthcare Together.	Ongoing
Discuss with Healthcare Together what the company can do to further support local commissioning.	Ongoing
Monitor the setting up and the success of LPC provider companies in securing services and the level of contractor engagement across LPCs to understand how this is working.	Ongoing
Monitor commissioning trends to tailor support provided to LPCs.	Ongoing
Provide guidance to LPCs on governance relating to their relationship with local provider companies.	June
Continue to encourage feedback from LPCs on local commissioning support needs, using the LPC Chairs and COs meeting in June as an occasion to do so.	Ongoing

3	Seek to ensure that education and training providers have a clear understanding of the CPFV to ensure relevant skills and training programmes are developed that can underpin future service developments
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**Report:** Work on this topic will be progressed before the end of the year.

#### Subcommittee Action:

- Review the proposed next steps and suggest additional activities that may be appropriate.

#### Next Steps:

Finalise a map of the education and training providers that should be influenced.	Complete
Discuss with the other national pharmacy bodies how their relationships with training providers may be leveraged to achieve this aim.	Ongoing
Contact education and training providers to discuss the issue.	Ongoing

## External relationships and lobbying

- 4 Work with partner organisations at local and national levels, to use communications and lobbying to ensuring the recognition and acceptance of the role of community pharmacy within all stakeholder groups and the benefits of implementing the CPFV. This will include a focus on ensuring the sector has strong relationships with stakeholders within Parliament and local government, who will act as advocates for community pharmacy (PSNC/LIS)

#### Report:

**Parliamentary Work** - A summary of Parliamentary and party conference work is included as **Appendix LIS 04/10/17 (pages 23-24)**.

**Health Select Committee evidence session** – The Members of the Health Select Committee have now been confirmed, and we are in contact with some of our supportive MPs on the Committee seeking meetings with them. We had a teleconference with the South West LPCs on 1st September 2017 to discuss how we can seek another inquiry into community pharmacy after the last one was paused due to the Judicial Review, and work on that is ongoing.

**Local councillor emails, briefings and advocates** – We have been working on a toolkit to help LPCs to understand and engage with local authorities. This will be finalised and available on the website in October. We were also considering with Luther Pendragon a plan for our own engagement with local authorities. We have had initial conversations with some Councillors and decided to do some more targeted work to establish what Councillors know about community pharmacy and what information they would like to receive from pharmacy. We are setting up meetings to have those conversations with Councillors. As well as seeking information from them, the conversations allow us to highlight the roles that community pharmacy can play in supporting the communities they represent, and to work to gain their support and advocacy.

**Communications Group** – The national pharmacy organisations continued to speak weekly over the summer, and had a meeting on 16th August to plan party conference activities together. It has been difficult to get the group together over the busy Party Conference season, but we have stayed in contact with all the other pharmacy organisations and we will look to resume more regular calls from the middle of October.

#### Subcommittee Action:

- Review the next steps and suggest any additional activities

## Next Steps:

Maintain contact with supportive MPs and peers and provide briefings and information to help them take part in debates or other Parliamentary activity.	January & Ongoing
Develop a plan for engagement with HSC members ahead of their evidence session.	Ongoing
Work with other pharmacy organisations to coordinate the evidence that we give to the HSC evidence session.	Ongoing
Hold at least one Parliamentary engagement event.	Arranged
Review options and keep a live timetable for proactive engagement with MPs.	Ongoing
Develop a plan for party conference engagement, working with other organisations.	Complete
Review PSNC's stakeholder map and the results of the Ashridge study and develop a plan to raise community pharmacy's profile.	June
Meet with other pharmacy organisations to discuss 2017 plans and events.	Complete
Host regular meetings and calls with other pharmacy organisations on public affairs.	Ongoing
Review the APPG's activity and support plan for 2017.	Complete
Launch local councillor emails and seek support from LPCs to promote these.	July
Explore options for using digital communications to engage with local councillors.	Ongoing
Continue to support LPCs to engage with MPs and politicians.	Ongoing
Create additional resources using the PwC report and other data to promote pharmacy.	Ongoing
Create a plan to develop local authority advocates for community pharmacy.	April

## 5 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)

**Report: Supporting collaborative working with GPs** – Following the publication of the 'Walk in my Shoes' toolkit, Somerset LPC is working with Somerset CCG and Somerset LMC to set up a similar project. North Yorkshire LPC has advised that the LPCs in Yorkshire and Humber have submitted a bid to the three STPs covering their area to their Local Workforce Action Boards infrastructure funding for a 'Walk in my Shows' project.

The Communications Team has also written a news story for the Pharmacy Show newspaper which highlights the Walk in my Shoes project and positive quotes from pharmacists who were involved in the Lewisham project.

**Subcommittee Action:** None.

**Next Steps:** See the SDS agenda

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

**Report: RCGP conference** – Zainab Al-Kharsan and Melinda Mabbutt are attending the RCGP conference on 12-13th October along with representatives from CPS, CPNI, Liverpool LPC and Cheshire and Wirral LPC. NMS, MURs, CPFV and 'Walk in my Shoes' will be promoted at the conference.

Dr Nicky Hall (PSNC Research Fellow) will also be attending as she has had a poster accepted for display at the conference on 'Facilitating the care of people with long-term conditions; a qualitative synthesis of health professional and lay perspectives of the role of Community Pharmacy'.

**Subcommittee Action:** None.

**Next Steps:** See the SDS agenda.

## LPC communications, development and operational support

7 Support LPCs to improve their effectiveness to respond to the changing needs of contractors and service commissioners through the provision of resources, information, training and sharing good practice

### Report:

**PSNC Leadership Academy** – the second intake has now completed its programme and feedback will be sought from the LPCs on the impact on the committees work that has resulted from their member/staff member inclusion the programme. A national meeting of the Leadership Academy bringing together those that have gone through the Academy and established LPC leaders was held on 27th September in London. There were 27 LPC leaders registered for the event which had the objects of sharing good practice and accessing peer support, collaborating on strategic planning issues relevant to the individual's LPC, review and enhance personal leadership skills, identify and action plan LPC challenges and networking.

To facilitate networking outside the event a PSNC LPC Leaders Network Google group has been set up. This is the first of several such groups being set up, others will include LPC treasurers, service development leaders and comms leads.

**LPC structures** – the discussion paper on LPC priorities, expertise needs and structures sent to LPCs is on the [PSNC website](#).

**Sustainability and Transformation Plans (STPs)** – The Services Team has continued to highlight relevant publications to LPCs and to add these to the STP page on the PSNC website ([psnc.org.uk/stp](http://psnc.org.uk/stp)). [PSNC Briefing 059/17: Integrating care: contracting for accountable models NHS](#) has also been published, which provides information on Accountable Care Organisations.

**LPCs in the Spotlight** – the series continues with [Greater Manchester LPC In the Spotlight](#).

**Mentoring** – information and invitations to potential mentors has been sent to LPCs – an update on the response will be given at the meeting.

**LPC Conference 2017** – the event preparations are continuing with speakers including Kevin Barron MP, Dr James Kingsland (NAPC) and Linda Bracewell (Lancashire LPN Chair). Andy Burnham was invited but not available. The agenda is now being finalised with an update report at the meeting.

**LPC Chairs and Chief Officers meeting** – to avoid overlap with the LPC Conference agenda this meeting on the afternoon prior to the LPC Conference in Manchester will include a PSNC update, the statutory review of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, consultation

on the Health Service Products (Provision of Information and Disclosure) Regulations; Community Pharmacy code of practice relating to the General Data Protection Regulations; comms and lobbying update.

**Pharmacy closures monitoring** – the reported closures is at 12 – 60% reported as attributable to the cuts.

**Governance** – a guide for LPCs on LPC/provider company governance has been published; also, a template terms of reference for an LPC governance sub-committee.

**LPC members area of PSNC website** – the LPC members area of the PSNC website has had a makeover to improve the presentation and navigation of the materials.

**LPC Elections 2018** – PSNC guidance for the forthcoming elections was published earlier in the year and LPCs are engaged in the preparations for the new committees to take office in April 2018. Four new members days are being arranged for late April. Not all LPCs are holding elections several who have merged over the last three years will be on a different cycle.

#### Subcommittee Action:

- To review the LPC structures paper and discuss how to encourage debates at LPC meetings and monitor the outcomes of those discussions
- Review the proposed next steps and suggest additional activities that may be appropriate.

#### Next Steps:

Oversee the second intake of the PSNC Leadership Academy using the programme to promote the value of strong LPC leadership.	Completed
Provide resources and support for LPCs to work with STP leads to develop opportunities for community pharmacy – part of Ashridge proposals.	Ongoing
Run a national meeting of LPC Treasurers to include ways to improve financial effectiveness at a time of increased pressures on contractor funding.	Completed
Use the agenda for the national meeting of LPC Chairs and Chief Officers to contribute to this work stream.	Completed
Ensure LPCs are aware of HR matters when restructuring.	Ongoing
Consult LPCs on the format of the LPC Conference 2017.	Completed
Continue the LPCs in the Spotlight series.	Ongoing
Promote examples of good LPC structures.	Ongoing
Consult with established LPC leaders on their development and networking needs.	Ongoing
Work with the organisations supporting LMCs, LDCs and LOCs to promote the role of LRCs and develop more collaborative working.	Ongoing
Provide training for LPCs: <ul style="list-style-type: none"> <li>• to support local communication and influencing, including digital and social media webinar;</li> <li>• Media skills training;</li> <li>• Coaching and mentoring; train the trainer</li> <li>• for new LPC members, LPC Chairs and Treasurers;</li> <li>• and other resources to support LPCs in securing locally commissioned services including costing services;</li> </ul>	Ongoing

<ul style="list-style-type: none"> <li>to support them to build effective collaboration with other local health and care services;</li> </ul> <p>We will continue to use alternative training channels such as online, video, podcasts and webinars where appropriate. Other training will be provided as part of the LPC support package in item 1 above. Further PSNC MyCoach podcasts are planned.</p>	
Promote use of the LPC self-evaluation tool on PharmOutcomes and identify LPCs who have not completed the evaluation and encourage their use of the tool.	Ongoing
Highlight LPC news and good practice in PSNC communications.	Ongoing

## 8 Support LPC communications to help them to give the best possible information to contractors and other stakeholders

### Report:

**Social media guidance** – Following the successful social media training day, we published the draft social media policy and guidance on creating a digital strategy on the website. You can view these from: <http://psnc.org.uk/psncs-work/communications-and-lobbying/communications-and-pr/>

**LPC websites** – Melinda Mabbutt is continuing to support the LPCs with use of their websites and to deal with any queries. We had hoped that website training days would be able to take place in the autumn once the Dispensing and Supply team were fully resourced, but with the current shortages situation they are fully engaged at the moment.

**Communications support** – Over the summer we have done a considerable amount of work to refresh the Communications and Lobbying pages of the website. That work is still ongoing, but LPCs can now access a new hub page from which they can easily navigate to find strategy guidance and templates, resources to use with commissioners or patients, or campaign information. We are continuing to add resources to this section of the website. You can view the new pages at: <http://psnc.org.uk/psncs-work/communications-and-lobbying/> We have also added a communications page to the LPC Members area, where we can share communications guidance that we may not wish to be publicly available.

**Campaigning support** – Over the summer we have continued to refresh the campaigning guidance for LPCs, including publishing updated guidance on hosting MP visits, template tweets and a flyer promoting the role that community pharmacy could play in relieving winter pressures. Once Parliament returns after the party conference season we expect to launch a renewed wave of campaigning, and this will include seeking LPC help to reach MPs, and providing them with the resources to do so.

### Subcommittee Action:

- Review the proposed next steps and suggest any additional actions.

### Next Steps:

Review the results of the LPC communications survey and develop a plan to address any issues	Complete
Produce top tips emails to help LPC website managers to get the most out of their websites.	Ongoing
Deliver a training webinar for contactors and LPCs on social media.	Complete

Produce extended guidance for LPCs on digital and social media use.	Complete
Complete developments on the LPCs websites and highlight these to LPCs.	Complete
Continue to provide campaign updates, resources (e.g. infographics and template press releases) and guidance for LPCs.	Ongoing (monthly)
Seek LPC help to promote our commissioner and local authority emails	July
Highlight examples of LPCs getting local press coverage or other local stakeholder engagement to help them with these tasks.	Ongoing
Review the campaign resources and lobbying guidance for LPCs and develop a plan for updating this in 2017	Complete

9 **Oversee PSNC communications channels and engage with the media to ensure that PSNC is engaging with contractors, LPCs and others in the best possible way (joint work with PSNC).**

### Report:

**Press work** – With the launch of the Flu Vaccination Service and a worsening generics supply situation, we are receiving a significant number of queries from the pharmacy and wider press. Queries have covered topics including STPs, the NMS, generics prices and flu vaccinations. We have also answered queries from a number of national newspaper journalists on the supply situation, emphasising the phenomenal work that pharmacies are doing to ensure that patients get the medicines they need.

In August, we proactively developed some communications explaining how and why payments to contractors had changed. This led to a PSNC Briefing (057/17: How recent changes will affect your payments) and two articles for the pharmacy press. One of these in which a set of top tips on monitoring their pharmacy's cashflow were given (see <https://www.chemistanddruggist.co.uk/feature/monitoring-cashflow-wake-pharmacy-cuts>) – had more than 1,000 views in just two weeks. The second will be published this month.

**Email campaign** – We have been working to get as many community pharmacy contractors (and their staff) on our mailing list as possible to make sure that no pharmacy business is missing out on emails containing important news and updates from us. A full report of this work is set out in **Appendix LIS 05/10/17 (pages 25-26)**.

**Digital Communications:** A summary of PSNC Briefings published in July, August and September is included as **Appendix LIS 06/10/17 (pages 27-30)**. Digital communications reports for PSNC's website, emails and social media accounts in July, August and September are included as **Appendix LIS 07/10/17 (pages 31-34)**.

**Webinars and videos update** – A video of Head of Service Development Rosie Taylor explaining the requirements of the Flu Vaccination Service 2017/18 was published ahead of the service launch to help contractors and their teams prepare. This was very popular with 1,131 views in August and a further 951 views in September. Following this success, a video on the Quality Payments November 2017 review point has been recorded and is due to be release as soon as NHS England's guidance has been published.

PSNC and pharmacyTALK launched their video series at the end of August. Service Development Pharmacist Zainab Al-Kharsan discussed the promotion of the Flu Vaccination Service in the first video and Head of Communications and Public Affairs Zoe Long covered engagement with politicians in the

second. Videos on PSNC’s ‘Walk in my Shoes’ toolkit, using the Electronic Prescription Service and elements of the Drug Tariff are planned for later in the series.

**Subcommittee Action:**

- Review the proposed next steps and suggest additional activities that may be appropriate.

**Next Steps:**

Meet with pharmacy press and develop a plan for proactive press articles.	Complete
Manage PSNC communications, e.g. around the JR and Governance review, developing specific communications plans for significant issues.	Ongoing
Review the results of the communications survey and develop a plan to address any issues, e.g. raising awareness of RSS Feeds.	Ongoing
Develop a plan for a series of webinars and consider the use of other digital communications, e.g. videos in 2017.	Complete
Deliver a training webinar for contactors and LPCs on social media.	Complete
Develop a plan for the transition of CPN into a digital only format.	Complete
Continue to review and update the website to ensure it contains the best possible resources and information for contactors.	Ongoing

**Any other business**

**Seasonal Influenza Vaccination Advanced Service** – The Flu Vaccination Service 2017/18 went live on 1st September, following the publication of the service specification, PGD, on 29th August 2017 and the Directions on 30th August 2017. An update on implementation support provided to contractors is set out in **Appendix LIS 08/10/17 (pages 35-36)**.

**Submitting MUR/NMS quarterly data to NHS BSA** – A query has arisen over the need to submit nil-returns to NHS BSA. NHS BSA has confirmed that they do not require this information and will make this clear in the future reports of which contractors have not submitted a quarterly return that they provide to local NHS England teams. Information on this has also been added to the relevant pages on the PSNC website.

**PSNC LPC and Implementation Support Subcommittee Minutes**  
**for the meeting held on 11th July 2017**  
**at PSNC Office, 14 Hosier Lane, London, EC1A 9LQ**

**Present:** Sam Fisher, Umesh Patel.

**In attendance:** Zainab Al-Kharsan, Alastair Buxton, Marc Donovan, Mike King, Melinda Mabbutt, Janice Perkins, Rosie Taylor, Stephen Thomas.

**Apologies for absence**

Apologies for absence were received from Peter Fulford, Kathryn Goodfellow, Jas Heer, Anil Sharma and Fin McCaul (due to travel delays).

**Minutes of previous meeting and matters arising**

The minutes of the meeting held on 9th May 2017 were approved by the subcommittee and there were no matters arising.

**Agenda and Subcommittee Work**

**Changes to the contractual framework and local commissioning**

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| <b>1</b> | Providing support and guidance to contractors and LPCs related to the 2017/18 changes to the CPCF |
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The report from the office was noted, and Janice Perkins gave an oral update on the work of the Community Pharmacy Patient Safety Group supporting the patient safety requirements of the Quality Payments Scheme. It was agreed that the team would start to reference company led recalls on the PSNC website for contractors to consider regarding this QP requirement, and further reference to the Patient Safety Group website as new material is added.

Rosie Taylor provided an additional update on the Quality Payments Scheme, including details from a review meeting with NHS England which included early discussions around post payment verification, the desire for qualitative analysis, the fact that there would be no evaluation questions at the November review point and that NHSE QP guidance will be updated. NHSE expect the national publication of data to regarding QP to be made available end July / early August.

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|----------|---|
| <b>2</b> | Develop template service specifications, business cases and other resources (SDS) and offer support for local commissioning of services (LIS) |
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The report from the office was noted.

The final Ashridge report is expected in late July and as the next subcommittee meeting is not due to be held until October, the subcommittee agreed to hold a teleconference as soon as possible after the report is released to discuss content and agree next steps.

- 3 Seek to ensure that education and training providers have a clear understanding of the CPFV to ensure relevant skills and training programmes are developed that can underpin future service developments

The report from the office was noted and feedback was given on the mapping of training providers, with a number of additions including the C+D, PDA, BPSA, Pharmaco such as Pfizer, and the RPS LPF network. It was flagged that engagement of pharmacy technicians would be beneficial.

### External relationships and lobbying

- 4 Working with partner organisations at local and national levels, to use communications and lobbying to ensuring the recognition and acceptance of the role of community pharmacy within all stakeholder groups and the benefits of implementing the CPFV. This will include a focus on ensuring the sector has strong relationships with stakeholders within Parliament and local government, who will act as advocates for community pharmacy (PSNC/LIS)

The information in the agenda and the paper in the PSNC agenda were noted.

- 5 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 subcommittee noted the information in the agenda and Rosie Taylor was commended for her work on the 'Walk in my Shoes' toolkit.

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

The subcommittee noted the information in the agenda.

### LPC communications, development and operational support

- 7 Support LPCs to improve their effectiveness to respond to the changing needs of contractors and service commissioners through the provision of resources, information, training and sharing good practice

The report in the agenda was noted and the arrangements for the LPC Conference 2017 and 2018 events were agreed, including the LPC Conference 2018 venue as Birmingham.

The report of the LPC Chairs and Chief Officers meeting 2017 was noted and the subcommittee was content with PSNC's initial responses to the LPCs, and that the format should re-iterate resources already available, and highlight additional activity to be undertaken in response to feedback. It was agreed that the suggested briefing for LPCs on size and structure will include case studies and suggest questions for LPCs to consider, rather than take the form of guidance. It was agreed that input would be sought from LPC's with relevant experience.

Rosie Taylor reported on LPC support suggestions arising from the recent STP and new care models webinar.

- 8 Support LPC communications to help them to give the best possible information to contractors and other stakeholders

The report in the agenda was noted. The Chair reported that in terms of PSNC communications the RDF Chair will provide an interim report on expenditure of the Special Levy for LPCs.

- 9 Oversee PSNC communications channels and engage with the media to ensure that PSNC is engaging with contractors, LPCs and others in the best possible way (joint work with PSNC).

The report in the agenda was noted.

### **Any other business**

Jas Heer had requested communications support on behalf of West Midlands LPCs from Zoe Long regarding local media interest in drug diversion cases that will result in negative press for community pharmacy.

## Update on the Quality Payments Scheme (QPS)

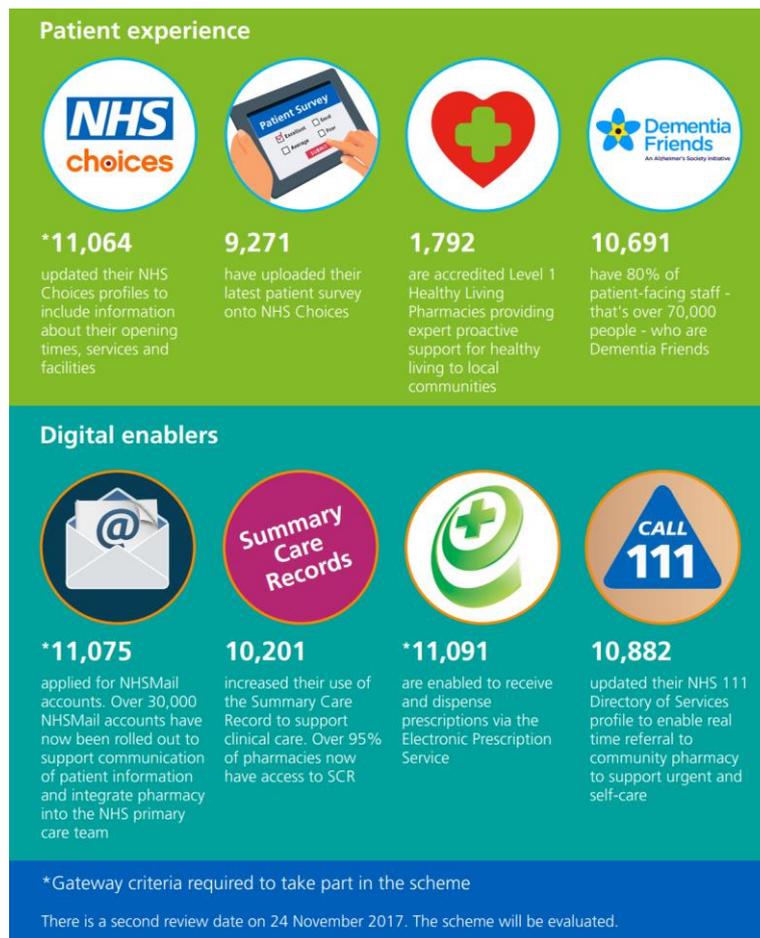
**April 2017 declaration data** - NHS England published the declaration data from the April review point on 2nd October. The headline data is set out below and detailed pharmacy level data is available on the NHS BSA website.

Quality Payments Declaration Results – Review Period Monday 10 April – Friday 12 May											
Gateway Questions											
<b>Q1 - Advanced Services</b>	Num.	%	<b>Q2 - NHS Choices</b>	Num.	%	<b>Q3 - NHSmail</b>	Num.	%	<b>Q4 - EPS</b>	Num.	%
MUR	10,916	98.40%	Yes	11,064	99.73%	Yes	11,075	99.83%	Yes	11,091	99.97%
NMS	10,604	95.58%	No	30	0.27%	No	19	0.17%	No	3	0.03%
NUMSAS	2,437	21.97%									
Not Offering/Registered	63	0.57%									
Quality Questions*											
<b>Q1 - Patient Safety - written safety report</b>	Num.	%	<b>Q2 - Patient Safety - safeguarding</b>	Num.	%	<b>Q3 - Community Pharmacy Patient Questionnaire</b>	Num.	%	<b>Q4 - Public Health - Healthy Living Pharmacy</b>	Num.	%
Yes	6,036	54.89%	Yes	10,434	94.88%	Yes	9,271	84.30%	Yes	1,792	16.30%
No	4,961	45.11%	No	563	5.12%	No	1,726	15.70%	No	9,205	83.70%
a. The pharmacy has undertaken a self-assessment and has an entry on the Royal Society for Public Health (RSPH) online registry.			b. The pharmacy was accredited as an HLP level 1 locally between 1 December 2014 and 28 April 2017 and has a copy of the signed and dated documentation that demonstrates this.			c. Accredited as a HLP level 1 locally prior to 1 December 2014 and has a copy of the signed and dated documentation that demonstrates this. The pharmacy has also undertaken a selfassessment that it meets the requirements of a level 1 HLP, as defined by PHE.			<b>Q4b - What form of accreditation for its HLP status?</b>		
										Num.	%
									a	825	46.04%
									b	771	43.02%
									c	196	10.94%
<b>Q5 - Digital - Summary Care Record</b>	Num.	%	<b>Q6 - Digital - NHS 111 Directory of Services (DoS)</b>	Num.	%	<b>Q7 - Clinical Effectiveness - asthma</b>	Num.	%	<b>Q8 - Workforce - Dementia Friends</b>	Num.	%
Yes	10,201	92.76%	Yes	10,882	98.95%	Yes	10,415	94.71%	Yes	10,891	97.22%
No	796	7.24%	No	115	1.05%	No	582	5.29%	No	308	2.78%

\*97 of the 11,094 pharmacies who made a declaration did not meet the gateway criteria.

They also issued the following infographic:





The Services Team is working with the Pharmacy Funding Team to see if the spreadsheet of data published by NHS BSA can be updated to include LPC areas which will make this more useful for LPCs to use.

**Validation and verification for the April 2017 review point** - The Services Team has been working with the central NHS England team and NHS BSA on the validation and verification process for the April 2017 data of the Quality Payments Scheme. The Services Team provided feedback on the letter which was sent to contractors who had not updated the three sections of their NHS Choices profile and on the letter which has been sent to contractors who appear to have failed the gateway criterion. Communications on both of these letters have been issued on the PSNC website and through news alerts to help raise awareness that these letters were being sent out.

Originally, NHS England only wanted contractors to be contacted on one occasion; however, this has not been possible and contractors may be contacted up to three times if they appear to have not updated their NHS Choices profile correctly, appear to have not met other gateway criteria and appear to have not met gateway criteria which they have claimed for.

The Services Team is currently working with NHS England and NHS BSA on the validation/verification process for the quality criteria.

**Guidance for the November 2017 review point** - The Services Team has worked with the central NHS England team on their guidance for the November review point. The guidance, which was published on 2nd October 2017, aims to summarise the main points or changes and key learnings from the April

review point rather than re-publish a lot of the information from the April gateway and quality criteria guidance.

A pre-recorded presentation for the November review point has also been recorded and was published on the same day as the NHS England guidance, where Rosie Taylor talks through the key points to be aware of and the main changes for the November review point.

The Quality Payments Scheme hub on the PSNC website ([psnc.org.uk/quality](https://psnc.org.uk/quality)) has been updated, which includes an extensive list of frequently asked questions about the Scheme, as well as relevant Briefings.

PharmOutcomes has been updated for the November 2017 review point and contractors can now use this to record which criteria they meet, as well as making use of the asthma referrals tool. Use of this has not been as great for the November review point, so a summary of the data is not included as it was not felt to be beneficial for the subcommittee to review it.

**NHS Choices gateway criterion** - The NHS Choices gateway criterion can now be met by contractors for the November review point as the window for editing or validating NHS Choices profiles opened on 11th September. Ahead of this date, the Services Team published news stories and sent out news alerts encouraging contractors to ensure they had editing rights for the NHS Choices profiles ready for when the window opened. Communications have also been set out advising contractors that the window is open and more reminder communications are planned.

[Briefing 065/17: Quality Payments – Process for DSP contractors to meet the NHS Choices gateway criterion for the November 2017 review point \(v2\)](#) has been published which details the process DSP contractors need to follow to meet the gateway criterion as this is different to ‘bricks and mortar’ pharmacies. A news story was also published on the PSNC website on 2nd October DSPs that they would receive a link to the survey, that day, to the survey that they need to complete to meet the NHS Choices gateway criterion.

**NHSmail gateway criterion** - Communications have been sent out reminding contractors that if they have applied for an NHSmail account they need to activate these NHSmail accounts ahead of the November review point. [PSNC Briefing 058/17: How to complete the NHSmail registration process](#) has also been published which provides further advice to contractors on how to complete the registration process.

**Patient safety report quality criterion** - Following the last LIS meeting, where Janice Perkins suggested including a page on the PSNC website listing patient safety alerts and recalls to assist contractors, this was published and can be viewed at [psnc.org.uk/patientsafetyinfo](https://psnc.org.uk/patientsafetyinfo)

A meeting was held between PSNC, NHS England and the Community Pharmacy Patient Safety Group on 27th September 2017 to discuss the patient safety report. Further work will be undertaken over the next few weeks to determine the best approach for review of a sample of patient safety reports submitted by contractors as part of the verification process for this quality criterion.

**HLP quality criterion - PSNC Briefing 047/17: Quality Payments - How to become a Healthy Living Pharmacy Level 1** has also been published – this is an update to the Briefing published in January 2017 (PSNC Briefing 003/17). The main revision to the guidance is that for the November review point, NHS England and Public Health England have agreed that contractors whose pharmacies become HLPs locally between 1st December 2014 and 24th November 2017 (this was 28th April 2017 for the April review point) will not need to complete the profession led self-assessment process led by PHE to meet the quality criterion.

The Royal Society for Public Health (RSPH) has published an online register of pharmacies who they have accredited as HLP Level 1. The register can only be searched by region therefore the Services Team is working with the Pharmacy Funding Team to create a spreadsheet of the data which will include LPC area for each contractor to make this data more useful to LPCs. RSPH will update their register monthly, so the PSNC spreadsheet will also be updated each month.

**SCR quality criterion** – The October Drug Tariff wording for the Quality Payments Scheme has been updated to include wording to allow contractors who access SCR on 100 or more occasions in period 1 and period 2 to meet the Quality Payments Scheme. Communications have been sent out to contractors to alert them to this amendment.

**DoS quality criterion** – The process for meeting the DoS quality criterion for the November review point has changed and contractors will be required to update or confirm their details are correct on a new DoS profile updater website.

The Services Team has provided contractor details to NHS Digital for user testing and the Services Team has also been able to test and provide feedback on the platform. The platform went live on 2nd October 2017 and communications have been sent out to notify contractors that this has happened.

## Ashridge – Key findings of research exploring the commissioning environment for community pharmacy

### Background

At the November 2016 PSNC meeting a report on PSNC commissioned research conducted by Ashridge Communications (also referred to as the Mirror project) was considered. A recommendation for further work was to conduct focus groups to allow PSNC to gain a deeper insight into local understanding of pharmacy services and relationships, to support an improvement in local commissioning of community pharmacy services.

A proposal from Ashridge Communications for structured meetings with commissioners (LA and CCG) and LPCs was approved by LIS and the request to RDF for funding was agreed in March. Prior to the approval of the proposal, LIS asked that whilst LA and CCG commissioning should be included, there should be a focus on STPs to guide PSNC's planning in the changing commissioning environment.

The aim of the research was to assist PSNC in understanding:

- What commissioners want from community pharmacy;
- How community pharmacy can become a more integrated part of primary care services; and
- What the introduction of STPs means for the commissioning of community pharmacy.

Three research groups took place during June and July. Research participants were identified and invited by LPCs.

In summary, the three groups were:

1. 1.Clinical Commissioning Groups (CCGs) in Doncaster with representatives from Doncaster and Rotherham CCGs (10 participants).
2. 2.Local authorities (LAs) in Coventry with representatives from Coventry and Birmingham LAs (7 participants, comprising 2 from Healthwatch and 5 from commissioning bodies).
3. 3.Sustainability and Transformation Partnerships (STPs) in Bury with representatives from Manchester and Lancashire & South Cumbria STPs (8 participants).

*An interim report was presented to LIS in July and the full Ashridge report can be found at the end of the LIS agenda pack.*

### September LIS conference call

Ashridge completed their report in late July and presented their findings to a meeting at Hosier Lane, on 26th July, with available policy team members and Sam Fisher (dialling in).

A copy of the full report was subsequently sent to all LIS members with an invitation to submit written comments and join an LIS conference call. The call to discuss the report was held on

5th September and present on the call were: Sam Fisher, Jas Heer, Anil Sharma, Mike King, Zoe Long, Rosie Taylor. The actions agreed were:

- A paper for the October PSNC meeting to be prepared by the office, setting out the background to the Ashridge report (including the LIS request for an STP focus); the report's findings/recommendations; and an analysis of what activity is already underway and what could be undertaken in the future. The full report would also be included as an appendix to the paper.
- Following the October PSNC meeting, the office paper, with any revisions needed, will be included in the materials for the PSNC November Planning Meeting.
- Ashridge should provide a brief and broad summary of the meetings for participants of the three events.
- After the October PSNC meeting, a briefing for LPCs and contractors on the background to the Ashridge work and what it has achieved should be produced.

The summary for meeting participants has now been completed by Ashridge and will be circulated separately to LIS members.

### Key findings

The key findings from the 2017 research were as follows:

- The concept of integrating community pharmacy further into primary care was welcomed by commissioners. Many felt it to be essential given current pressures on the NHS, particularly GP practices and A&E. In some regions, integration was already planned or even underway, however even in STP areas this was still not consistent.
- Three major barriers to integration across primary care (not just for community pharmacy) were raised repeatedly during the research, and they were seen to be rooted in the current structure and ways of working of the NHS:
  - In some cases, approaches to provider funding/ financial incentivisation do not encourage integrated working.
  - The current lack of electronic record sharing is a significant barrier to effective integration.
  - There were concerns around siloed working between primary care disciplines, a lack of knowledge and understanding of what other disciplines do, the services they offer, and the contractual models on which other providers operate.
- Several challenges specific to community pharmacy were raised as potential barriers to greater integration into primary care:
  - Awareness of community pharmacy's role and services (amongst the public but also within the NHS) needs to be increased if greater integration into primary care is to be achieved, with pharmacists recognised as competent to act as the first point of contact in certain situations.
  - Working in a truly multi-disciplinary manner was widely spoken of as critical if community pharmacy is to increasingly integrate into primary care, with better communication; pharmacy establishing themselves closer to the heart of

decision-making; and the development of greater knowledge and understanding by community pharmacists of the rest of the service and vice versa.

- Matching work with skills to maximise capacity across primary care and beyond was viewed as key to addressing current pressures on the system, and community pharmacy was believed to have a role in this, identifying where pharmacists' expertise – for example – could be used more effectively to improve care and outcomes, relieve pressure on the system elsewhere, and reduce wastage.
- The inconsistency of certain aspects of community pharmacy is seen by some as a potential barrier to greater integration into primary care.
- The research explored opinions of current community pharmacy services, and also tested future concepts based on 'accelerators for integration' (see below). Several participants – particularly, but not solely, in the STP group – rejected the concept of commissioning 'individual' community pharmacy services as an outdated approach which encourages siloed-working and is insufficiently patient-centric.
- Awareness of PSNC, and knowledge of what the organisation does varied considerably amongst participants.

### Conclusions, recommendations and PSNC comment

This research suggests that the introduction of STPs will significantly impact the commissioning environment, and that community pharmacy may need to evolve to ensure a prominent position. Regional variation means there will be no 'one size fits all' solution, and STPs are currently at different stages of development.

Ashridge suggested a number of actions for PSNC to consider, if it is to lead the way in preparing community pharmacy for this new commissioning environment. These are outlined below, along with PSNC comments on any work done to date and possible future plans.

**Recommendation 1:** Lead the initiative to understand the impact of the STP commissioning environment on community pharmacy, for example:

- identify names and contact detail of those involved in STPs in order that PSNC can communicate with them on matters relevant to commissioning of community pharmacy in their regions, and raise the profile of community pharmacy with key influencers and decision makers;
- monitor published information about STP development and direction to understand the progress and priorities to maximise opportunities for community pharmacy; and
- integrated commissioning on service development.

PSNC Comment: PSNC monitors news and STP development at a national level and this is reported back to LPCs and community pharmacy via the weekly Health and Care Review and monthly Briefings.

We also monitor STP development through LPC feedback and use this intelligence to highlight success and share learnings from early adopters such as Greater Manchester. We provide support and resources for LPCs to help them to get involved with new commissioning structures and to enable them to maximise engagement opportunities. This includes resources such as flyers and template presentations on community pharmacy. We will continue to do this and to encourage LPC alignment with STP footprints. PSNC's Commissioner Emails include information that may be relevant to all local healthcare commissioners and to STPs. We will continue to promote these and will suggest to LPCs that they may like to highlight the content to STP contacts and encourage them to sign up for the newsletters. If PSNC wishes to map STP contacts, asking the LPCs to share local intelligence may be the best way to do this.

**Recommendation 2:** Prioritise the barriers to commissioning which most urgently need addressing (e.g. consistency of community pharmacy offering; sharing of care records) and develop and run pilot activities to overcome these barriers. Case studies based on evaluation of the success of the pilots can then be shared with other regions where they might be of relevance and help to roll out these examples of best practice with evidence underpinning them.

PSNC Comment: The report provides confirmation of some of the barriers which community pharmacy has previously identified. Inconsistency in service provision, in terms of both quality of provision and the availability of locally contracted services from pharmacies is an issue frequently reported by LPCs, which they struggle to address. Further consideration and prioritisation of the barriers which should first be tackled may be necessary.

**Recommendation 3:** In areas where barriers to integrated commissioning are related to national structures and processes, e.g. electronic record sharing and issues relating to current incentivisation, identify what work is already going on to address these barriers, and whether there is a role for PSNC in contributing to this.

PSNC Comment: PSNC and the other community pharmacy organisations have done a significant amount of lobbying to press for community pharmacy integration into NHS IT systems. In the past year a significant number of pharmacies have gained access to the NHS Summary Care Record and this is a step in the direction, but the work to seek even greater integration, such as read-write access to full patient records, must continue.

The national pharmacy organisations have also repeatedly made the case for a change in community pharmacy incentives and funding to allow pharmacies to be rewarded for offering clinical care and advice to patients. We will continue to argue for this, and particularly as we enter a difficult winter in which the NHS must make the most of community pharmacy.

**Recommendation 4:** Consider conducting further research to understand the impact, priorities and directions of STPs as they progress and answer key strategic questions, e.g. is integrated care a universal aim of STPs?

PSNC Comment: The Integration Survey carried out with Pharmacy Voice and the Royal Pharmaceutical Society in 2016 investigated LPC views on engagement with STPs, but did not consider STP priorities or opinions. PSNC may want to consider this recommendation as part

of the November planning meeting. It may also consider whether this research would be best carried out directly by PSNC, or using local LPC contacts with STPs.

**Recommendation 5:** Consider the potential implications of STPs' involvement in commissioning on the future roles of community pharmacy professionals. How might their career paths, competencies, training and qualifications need to change, and what needs to be done by PSNC (or other bodies in the sector) to prepare for this?

PSNC Comment: STP development varies significantly across the country; in some areas little is happening, but other areas are accelerating beyond STPs. What is certain is that a big and sustainable change is happening to remodel local service commissioning. PSNC needs to ensure community pharmacy contractors are prepared and supported. The work already carried out provides a monitoring and information foundation and LIS will need to assess and plan a programme of support as part of its 2018 workplan.

**Recommendation 6:** Lead engagement of, and communication with, the community pharmacy community around the impact of STPs and integrated commissioning, and implications of this.

PSNC Comment: PSNC has provided information and guidance for LPCs and community pharmacists on STPs, including in a series of Briefings published in September 2016. This has been followed by further briefings and guides as STPs evolved and implemented their strategies and the introduction of ACOs began. These and additional information are available via the dedicated website page at: <http://psnc.org.uk/the-healthcare-landscape/sustainability-and-transformation-plans/>.

Updates and STP news are highlighted in the weekly Health and Care Review and the monthly Briefings. Updates on STPs, learnings and highlighting successful involvement for community pharmacy will also continue to feature in PSNC regional and national meetings with LPCs. PSNC communications will also continue to guide and inform and PSNC encourages feedback on STP developments.

In October 2016 PSNC held a webinar to share learnings and experiences of LPCs about STPs. In July 2017 a second webinar called 'STPs, new care models and ACS: Where are we now?' was also held. We will continue to consider the best ways to share best practice and encourage discussion about engagement with STPs and evolving commissioning models.

## PSNC Public Affairs and Party Conferences 2017

### Post-election Lobbying

Following the election in June, we contacted our key target MPs to welcome them back to Parliament and seek their ongoing support, and produced a template letter to help LPCs to do the same. Although many MPs have not been easily contactable over the summer recess, we have carried out a number of activities including:

- Updating our Parliamentary resources toolkit for LPCs, including guidance on hosting pharmacy visits and template tweets for engaging with MPs;
- Restructuring the campaigning and lobbying pages of the website to make it easier for LPCs to find the information they need;
- Working on guidance for LPCs on working with LAs and local politicians;
- Producing campaigning resources on pharmacy and winter pressures; and
- Recording a #PSNCtalk video on lobbying MPs.

### Party Conferences

We have so far attended both the Liberal Democrats Conference in Bournemouth and the Labour Conference in Brighton, and we will be at the Conservative Conference in Manchester. Working with the other pharmacy organisations our objective has been to expand and develop community pharmacy's pool of supporters. We have worked to ensure that conference delegates understand:

- The value of community pharmacy services to the NHS, patients and wider society;
- The hard work that pharmacies are already doing and the pressure they are under;
- The impact that a reduction in pharmacy services would have on the wider NHS and patients; and
- The positive impact that the sector could have if better utilised by the NHS.

The conferences represented an opportunity to promote these messages to MPs and peers, but also to engage with campaign groups, charities, local Councillors and others.

Following a review of the venues booked by Luther Pendragon and the invitations, we decided to engage with people individually rather than with roundtable events at the Labour and Conservative conferences. Specifically, PSNC has had contact with Liberal Democrat MP Tom Brake, Labour MP Julie Cooper, Conservative MP Maggie Throup, Councillors from Kent, Cardiff and Cambridge, and representatives from Healthwatch, the Optical Confederation, the Dispensing Doctors Association, the British Lung Foundation, the British Heart Foundation, the Red Cross and the Nuffield Trust.

The Support Your Local Pharmacy stand organised by the National Pharmacy Association was extremely popular at the first two conferences, with hundreds of people visiting for blood pressure checks. Community pharmacy has also been well represented at fringe events.

### House of Lords Debate

Labour peer Lord Hunt of Kings Heath as tabled a motion on community pharmacy:

*Lord Hunt of Kings Heath to move that this House regrets that the National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2017, in delaying the review of the regulations governing the provision of community pharmaceutical services, do not prevent the closure of community pharmacies resulting from the budget cuts in 2016–17 and 2017–18 and changes to the way the funding is distributed (SI 2017/709)*

The debate has not yet been scheduled, but we hope to get a date for it shortly. The Chief Executive and Head of Communications and Public Affairs met with Lord Hunt in September to help prepare for the debate, providing information and briefing materials.

We expect the debate to highlight the risks to the NHS and patients of a reduction in pharmacy services, as well as the immense pressure on community pharmacies at the moment. It will provide a strong start to a period of intensified campaigning as Parliament returns and we head into the winter period. As soon as we have a date for the debate we will work with Lord Hunt to brief other potential advocates in the House of Lords, which will present a good opportunity for us to engage with them again and to build our network of supporters.

### **Plans for Parliamentary Work**

As well as working towards the House of Lords debate, we have been preparing to engage with MPs again when they return to Parliament after the party conferences. We will aim to brief MPs on:

- The serious cashflow issues currently facing community pharmacies;
- The potentially devastating impact that a reduction in pharmacy services would have on the wider NHS, which is already at full capacity and facing a difficult winter; and
- The opportunities to make better use of community pharmacies to cope with winter pressures.

We will aim to do this through our own contact with target MPs, and using the LPCs. Specific plans include:

- Preparing a series of PQs which we and LPCs can then contact MPs to suggest;
- A Parliamentary briefing event on November 21;
- Considering further Parliamentary debates;
- APPG work – the APPG Officers have now agreed a work plan and we expect meetings to be announced soon; and
- Working with the Health Select Committee to seek a pharmacy inquiry.

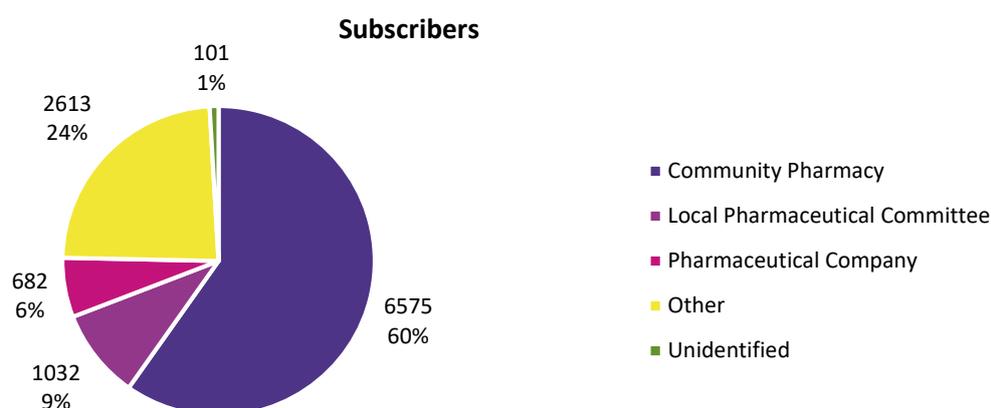
## Email campaign

The PSNC Communications Team have been working to get as many community pharmacy contractors (and their staff) on our mailing list as possible to make sure that no pharmacy business is missing out on emails containing important news and updates from us.

### PSNC's Email Subscribers

The website sign-up form for PSNC's emails records various details about new subscribers at the point of registration, including asking about the type of organisation the individual works for and, in the case of people working in community pharmacy, the F code for their pharmacy.

Currently we have 6,575 subscribers who identify themselves as working in a community pharmacy. The rest of the subscribers have identified themselves as belonging to the following organisations:



Please note, following several reorganisations of local NHS teams, these are currently part of the 'other' category.

### Mapping Against the Contractor Database

The PSNC database is a separate set of records about community pharmacies and their owners. It is regularly maintained through information received from the NHS Business Services Authority and provides a comprehensive list of current community pharmacy branches in England.

Whilst not all of the pharmacy subscribers on our mailing list have provided a relevant F code, most have and this has allowed us to map those subscribers against our database in order to ascertain how many of the total number of pharmacies in England are already receiving our emails.

#### PSNC database

	Number	Percentage of database
Total number of pharmacies	11,850	100%
CCA pharmacies	5,356	45%
Non-CCA pharmacies	6,494	55%
Number with email addresses	1,166	10%
Number without emails (total)	10,684	90%

#### Comparison with mailing list

	Number	Percentage of database
Number of pharmacies on mailing list	3,962	33%
CCA pharmacies	934	17%
Non-CCA pharmacies	3,028	47%

### Missing from mailing list

	Number	Percentage of	Notes
Total number of	11,850	100%	N/A
CCA pharmacies	4,422	83%	We
Non-CCA pharmacies	3,466	53%	We

### Work to Promote PSNC's Emails

Over the summer we have done a significant amount of work to ensure that we are using all possible routes to promote our email newsletters. This has included promotion via:

**Website:** We created a slider on the homepage plus a popup notice to help grab people's attention whilst they are visiting the PSNC website. Also, all news articles have a promo banner added.

**Social media:** Regular posts asking people to sign up are being sent from the PSNC accounts on Twitter, Facebook and LinkedIn. Individual PSNC Twitter accounts will send posts to their followers as well as re-tweeting the main account. We have also sent LPCs some tweet templates to use.

**Internal:** A graphic was created for all PSNC staff to use in their email signatures and a phone script has been developed to use when handling calls from contractors.

**Events:** The PSNC policy team were given a promo slide to use at the end of any presentations they may give at events.

**Press work:** Articles written for the pharmacy press mention how to sign up for our emails.

**LPCs:** We appealed to LPCs for their support, providing them with a template email to use to send out to their own mailing lists. We also asked the PSNC Regional Representatives to help, giving them links to relevant templates for them to use in their work.

**Subscribers:** We asked all current subscribers to check the details we hold for them, requesting for F codes in particular, and asked them to encourage colleagues to sign up too.

### Next steps

We are likely to soon reach a saturation point where all those who already engage with PSNC (or their LPC) are aware of, and have signed up for, the mailing list. As such, next steps are likely to include methods of reaching out to contractors who are 'under the radar'. These will be explored at the meeting.

## PSNC Briefings (July, August and September 2017)

### **PSNC Briefing 042/17: Update on the Health and Care Landscape (June 2017)**

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.

### **PSNC Briefing 043/17: Analysis of Minor Ailment Services in England**

Following a review of Minor Ailment Service (MAS) service specifications and other associated documents, PSNC has conducted an analysis on the different MAS commissioned across England. This PSNC Briefing provides a summary of this analysis which may be of particular interest to LPCs developing proposals for MAS in their area or those who are reviewing existing MAS.

### **PSNC Briefing 044/17: Analysis of Minor Ailment Services data**

This PSNC Briefing provides details of an analysis carried out by Pinnacle Health Partnership of data from Minor Ailment Services (MAS) commissioned from community pharmacies and collected via the PharmOutcomes system.

### **PSNC Briefing 045/17: Monthly Dispensing & Supply update (July 2017)**

This briefing is part of a series issued regularly by PSNC to inform contractors and pharmacy teams on monthly Drug Tariff changes, commonly asked questions and articles regarding dispensing and supply.

### **PSNC Briefing 046/17: Contract Factsheet – Pharmacy opening hours in 2018**

PSNC's Regulations and Support Team are often asked questions about the requirements in the terms of service relating to opening hours. This briefing contains a quick reference guide for 2018.

### **PSNC Briefing 047/17: Quality Payments – How to become a HLP Level 1**

This PSNC Briefing provides an overview of how to achieve the Healthy Living Pharmacy (HLP) criterion of the Quality Payments (QP) Scheme for the November 2017 review point.

### **PSNC Briefing 048/17: Hosting a pharmacy visit for your local MP**

This PSNC Briefing provides guidance to help LPCs to organise successful visits to community pharmacies for local Members of Parliament.

### **PSNC Briefing 049/17: COPD rescue packs toolkit**

This Briefing is part of a toolkit of resources which have been developed to support the implementation of a chronic obstructive pulmonary disease (COPD) rescue pack service within community pharmacy. Local commissioners can use this toolkit as a resource when considering commissioning such a service from community pharmacies.

### **PSNC Briefing 050/17: Update on the Health and Care Landscape (July 2017)**

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.

### **PSNC Briefing 051/17: Clinical audit: LABA bronchodilator being used as monotherapy for the treatment of asthma without a corticosteroid inhaler**

The NHS Community Pharmacy Contractual Framework (CPCF) includes a requirement that community pharmacies undertake two clinical audits each year. This audit has been developed by PSNC for use by pharmacy teams as a pharmacy-determined audit.

### **PSNC Briefing 052/17: Issues to consider when implementing pharmacy access to local electronic health records (EHRs)**

This PSNC Briefing provides a list of issues to be considered by LPCs and community pharmacy contractors when pharmacy access to local electronic health record systems is being planned.

### **PSNC Briefing 053/17: Ten steps to help improve data and cyber security within your pharmacy**

This PSNC Briefing provides community pharmacy contractors with ten suggested steps to help improve data and cyber security for their pharmacy business.

### **PSNC Briefing 054/17: How to get more out of your connection – an N3 & HSCN update**

This PSNC Briefing provides community pharmacy contractors with information about Health and Social Care Network (HSCN) – which is the replacement for N3, and tips on how to best procure and use your connection.

### **PSNC Briefing 055/17: Guidance on the Seasonal Influenza Vaccination Advanced Service 2017/18**

This PSNC Briefing provides guidance for community pharmacy contractors and their teams on the NHS Seasonal Influenza Vaccination Advanced Service 2017/18.

### **PSNC Briefing 056/17: Pharmacist checklist for the Flu Vaccination Service**

This PSNC Briefing provides a checklist for community pharmacists (both locum and employed pharmacists) on tasks to complete before providing the NHS Seasonal Influenza Vaccination Advanced Service 2017/18.

### **PSNC Briefing 057/17: How recent changes will affect your payments**

The funding imposition has led to changes in payments made to community pharmacy contractors in recent months. This PSNC Briefing aims to highlight the changes that have taken place, show you how to calculate the impact on your pharmacy, show you where to find the relevant payment information in your FP34 Schedule of Payments, and help you to understand the timing of your payments.

### **PSNC Briefing 058/17: How to complete the NHSmail registration process**

This PSNC Briefing explains how to complete the NHSmail registration process via the online NHSmail registration portal and how to activate your new NHSmail account.

### **PSNC Briefing 059/17: Integrating care: contracting for accountable models NHS**

The Accountable Care Organisation (ACO) contract has been published by NHS England alongside, *Integrating care: contracting for accountable models*, which provides an overview of the contract and the associated package of supporting documents which clarify how accountable models may be contracted for. This PSNC Briefing summarises the elements of the publication that will be of most relevance and interest to Local Pharmaceutical Committees.

### **PSNC Briefing 060/17: Equality Act 2010 – a quick reference guide**

PSNC has received a number of questions from community pharmacy contractors asking about the requirements of the Equality Act and specifically about dispensing in Monitored Dosage Systems (MDS). Whilst the existing PSNC guidance at [psnc.org.uk/ea](https://psnc.org.uk/ea) remains accurate, the PSNC Regulations & Support Team has sought and obtained legal advice to clarify and confirm key aspects of that guidance which is outlined in this briefing.

### **PSNC Briefing 061/17: Monthly Dispensing & Supply update (August 2017)**

This briefing is part of a series issued regularly by PSNC to inform contractors and pharmacy teams on monthly Drug Tariff changes, commonly asked questions and articles regarding dispensing and supply.

### **PSNC Briefing 062/17: Flu Vaccination Service press release template**

This PSNC Briefing contains a template press release which provides some suggested text for LPCs to use with local media outlets. The template includes areas where LPCs may wish to include local information (e.g. to give local vaccination rates, or include information about local services), plus quotes from a local community pharmacist and an LPC representative. These suggested comments may give LPCs an idea of the direction local quotes could take, but they will need to be attributed to relevant local people.

### **PSNC Briefing 063/17: Flu Vaccination: Responsive Lines for LPCs**

PSNC has heard from a few LPCs who are experiencing negativity from local doctors or Local Medical Committees (LMCs) about the recommissioning of the community pharmacy Flu Vaccination Advanced Service. This document provides suggested information for LPCs to use to address common queries and concerns.

### **PSNC Briefing 064/17: Flu vaccination: The benefits of a community pharmacy service**

This briefing sets out the evidence we have for community pharmacy flu vaccination services, showing that they can effectively augment the vaccination service provided by GP practices. Pharmacies and LPCs may wish to use some of the information and statistics to help promote the national Flu Vaccination Service to patients and local stakeholders. It may also be useful to LPCs who are experiencing negativity from local doctors or Local Medical Committees (LMCs) about the recommissioning of the Flu Vaccination Service.

### **PSNC Briefing 065/17: Quality Payments – Process for DSP contractors to meet the NHS Choices gateway criterion for the November 2017 review point**

This PSNC Briefing provides an overview of how distance selling pharmacy (DSP) contractors can achieve the NHS Choices gateway criterion of the Quality Payments Scheme for the November 2017 review point.

### **PSNC Briefing 066/17: Services Factsheet – Eligible Groups for the Flu Vaccination Service**

This Briefing outlines the eligible groups for the NHS Seasonal Influenza Vaccination Advanced Service 2017/18. This could be displayed and used as a 'quick reference' to assist with determining if a patient is eligible for a vaccination.

### **PSNC Briefing 067/17: Update on the Health and Care Landscape (August 2017)**

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.

### **PSNC Briefing 068/17: Services Infographic – Community Pharmacy NHS Flu Vaccination Service 2016/17: The patient verdict**

NHS England has shared the collated results of the patient questionnaire for the Flu Vaccination Service in 2016/17, showing that the community pharmacy service was highly valued by patients last year. This infographic summarises the main results of the patient questionnaire.

### **PSNC Briefing 069/17: Monthly Dispensing & Supply update (September 2017)**

This briefing is part of a series issued regularly by PSNC to inform contractors and pharmacy teams on monthly Drug Tariff changes, commonly asked questions and articles regarding dispensing and supply.

**PSNC Briefing 070/17: EPS Prescription Tracker new Business Continuity Mode feature**

This PSNC Briefing provides guidance for pharmacy contractors and pharmacy teams about NHS Digital's new EPS Prescription Tracker 'Business Continuity Mode' feature.

**PSNC Briefing 071/17: Pharmacy EPS costs and benefits study: key points for community pharmacy teams**

This PSNC Briefing summarises the key findings from the study which will be of interest to pharmacy team members, including those which may help pharmacy teams to reflect on their use of EPS and potential ways to make their EPS processes more efficient.

**PSNC Briefing 072/17: Pharmacy EPS costs and benefits study: key points for contractors**

This PSNC Briefing summarises the key findings from the study which will be of interest to pharmacy contractors, including those which may help them to reflect on their use of EPS and potential ways to make their EPS processes more efficient.

**PSNC Briefing 073/17: LPC size and structures – a discussion paper for LPC meetings**

This PSNC Briefing has been created to support LPCs in adapting to the current climate in community pharmacy and wider healthcare. Here we have outlined the important role that LPCs play and their priorities going forward, which leads on to some recommendations for the expertise and structures which will be of most benefit. PSNC hopes this guidance will help inform LPC discussions on these issues.

We have used 'unique' statistical measurements which mean that multiple views/visits from the same computer are only recorded as one because this gives more realistic data. Additionally, we have included publish dates for our news stories so that you can more accurately determine their success.

**Unique visitors (site entrances)** refers to the number of people who have visited the website. Regular drops in visitor numbers are due to weekends.

**Unique pageviews** refers to the number of times individual pages on the website have been viewed.

**Open rates** measure the number of email recipients who open (that is, view) an email divided by the total number of emails sent. They are tracked through the rendering of an included image pixel. Since images are almost always downloaded on mobile devices but are often blocked on desktop email programs such as Outlook, it can be a difficult metric to interpret. It's commonly quoted that average open rate performance is typically in the range of 10-15%, with high performers achieving 15-20%.

**Click rates** measure the number of unique clicks on links in emails divided by the total number of emails sent. A click is recorded when a subscriber clicks on one or more links in the email. As it requires a conscious action by an email recipient, click rates generally provide a better measure of engagement.

**Click-to-open rates** measure the proportion of opened emails that had a link clicked. They are calculated by dividing the number of unique clicks by the number of opens. Click-to-open rates give a deeper insight into campaign performance because they look at actions performed after a campaign has been opened; they provide a basic but effective measure of engagement.

**Reach** measures how many users saw a tweet or post on social media.

**Interactions** measure the number of times users engage with a social media post, e.g. by clicking a link, sharing, 'liking' or commenting on it.

### Overview of the July 2017 report

July is not generally a particularly busy month on the website and it was regular stories and webpages which gained the most interest this year – i.e. price concessions, Category M adjustments and Advanced Services.

Our largest peak in website number was on Tuesday 11th, the day after July CPN was published, but there was a very similar peak on Wednesday 19th, the day after we sent a news alert following the publication of an EPS enhancements survey.

### Overview of the August 2017 report

August saw increased interest in the Flu Vaccination Service and urgent Quality Payment actions. Our flu resources were of particular interest, as can be seen in the numbers of people reading our briefings and watching our video.

Our largest peak in website numbers was on Wednesday 30th, the day that the Directions were published for the national Flu Vaccination Service 2017/18 (a news alert was sent out immediately). However, there was a similar peak around Wednesday 16th, the day a general newsletter was sent out and further price concessions were granted.

### Overview of the September 2017 report

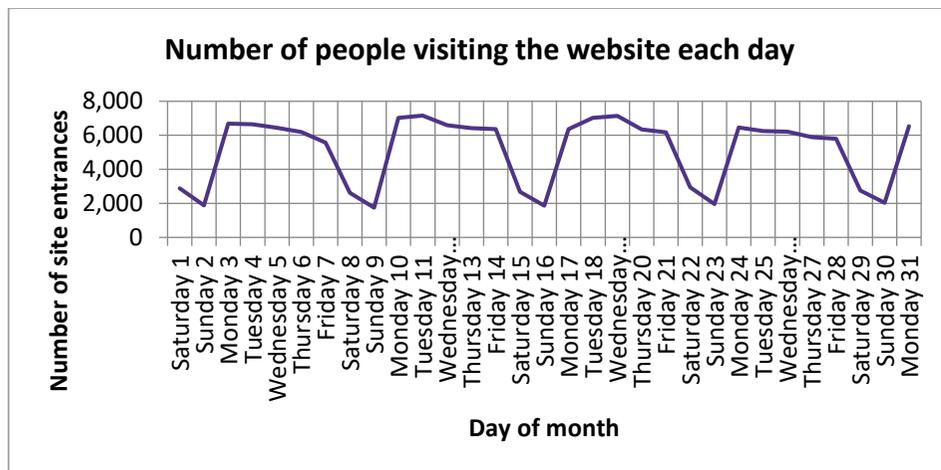
Whilst the Flu Vaccination Service has remained high on the hit list, particularly for webpages, there has been mounting interest in the generics supply situation.

Our largest peak in website numbers was on Monday 25<sup>th</sup> which was possibly linked to the regular #PharmacyHour Twitter event held on Monday evenings.

## July 2017: PSNC comms statistics report

### PSNC Website

Audience	July 2017	June 2017
Number of unique visitors (site entrances)	158,668	156,136
Number of unique pageviews	282,234	282,861



Pages	Views
Price concessions and NCSO	28,420
EPS Prescription Tracker	12,449
Exemptions from the prescription charge	6,359
Medicines Use Review (MUR)	5,006
Controlled Drug prescription forms and validity	4,034

News stories	Date	Views
June 2017 Price Concessions/NCSO	14 June	1,972
August Category M Adjustments	18 July	1,734
July 2017 Price Concessions/NCSO	14 July	1,623
July edition of CPN magazine out now	10 July	1,590
CPAF screening process begins	9 June	1,012

PSNC Briefings	Views
030/15: Services Factsheet – National Target Groups for MURs	975
016/14: Advanced Services (MURs and the NMS)	508
033/15: Services Factsheet – NMS Medicines List	453
041/17: ‘Walk in my Shoes’ toolkit	321
011/17: HLP – Holding a health promotion event/campaign	217

Webinars	Plays
VIDEO: Next Steps on the NHS Five Year Forward View – implications for community pharmacy	248
LIVE: STPs, new care models and ACS: Where are we now?	26
ON-DEMAND: STPs, new care models and ACS: Where are we now?	25

### PSNC Emails

PSNC Newsletter	July 2017	June 2017	Other health newsletters
Open rate	30%	29%	24%
Click rate	5%	4%	7%
Clicks to opens	17%	13%	17%

LPC News	July 2017	June 2017
Open rate	35%	33%
Click rate	2%	3%
Clicks to opens	6%	10%

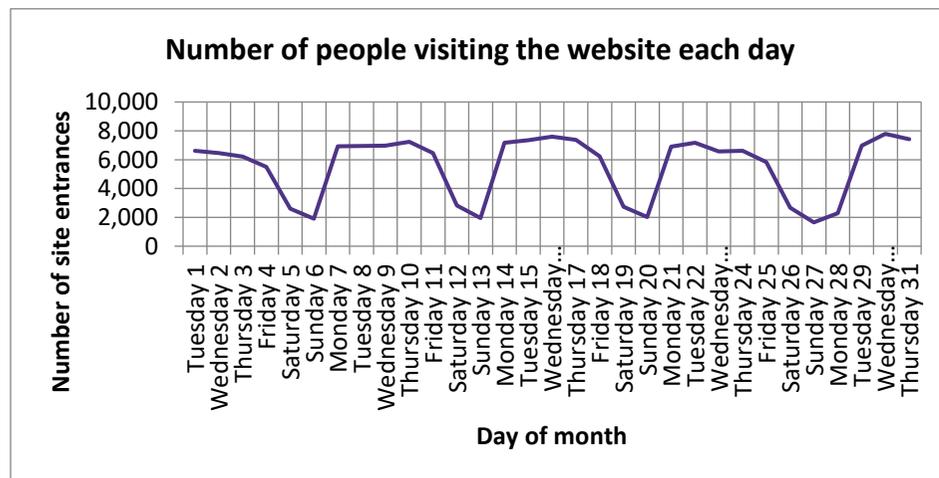
### Social media

	July 2017	June 2017
Twitter reach	145K	147K
Twitter interactions	1,856	1,996
Facebook reach	4,685	2,481
Facebook interactions	251	154
LinkedIn reach	6,727	3,946
LinkedIn interactions	131	52

## August 2017: PSNC comms statistics report

### PSNC Website

Audience	August 2017	July 2017
Number of unique visitors (site entrances)	170,922	158,668
Number of unique pageviews	309,749	282,234



Pages	Views
Price concessions and NCSO	29,019
EPS Prescription Tracker	11,562
Exemptions from the prescription charge	5,789
Flu Vaccination Service	4,687
Medicines Use Review (MUR)	4,523

News stories	Date	Views
August 2017 Price Concessions/NCSO	10 Aug	2,170
August edition of CPN magazine out now	14 Aug	1,210
July 2017 Price Concessions/NCSO	14 July	1,063
Action for those who didn't meet the NHS Choices criterion	10 Aug	941
Action required if you haven't got an NHSmail account	11 Aug	910

PSNC Briefings	Views
055/17: Guidance on the Seasonal Influenza Vaccination Advance Service	2,672
030/15: Services Factsheet – National Target Groups for MURs	1,005
056/17: Pharmacist checklist for the Flu Vaccination Service	948
033/15: Services Factsheet – NMS Medicines List	451
016/14: Advanced Services (MURs and the NMS)	449

Webinars	Plays
VIDEO: Flu Vaccination Service 2017/18	1,131
VIDEO: Next Steps on the NHS Five Year Forward View – implications for community pharmacy	169
Making the most of social media webinar	1

### PSNC Emails

PSNC Newsletter	August 2017	July 2017	Other health newsletters
Open rate	31%	30%	24%
Click rate	4%	5%	7%
Clicks to opens	13%	17%	17%

LPC News	August 2017	July 2017
Open rate	37%	35%
Click rate	5%	2%
Clicks to opens	14%	6%

### Social media

	August 2017	July 2017
Twitter reach	166K	145K
Twitter interactions	2,179	1,856
Facebook reach	4,260	4,685
Facebook interactions	151	251
LinkedIn reach	4,540	6,727
LinkedIn interactions	72	131

## September 2017: PSNC comms statistics report

### PSNC Website

Audience	September 2017	August
Number of unique visitors (site entrances)	<b>178,414</b>	170,922
Number of unique pageviews	<b>327,496</b>	309,749



Pages	Views
Price concessions and NCSO	28,736
EPS Prescription Tracker	10,848
Flu Vaccination Service	10,370
Flu Vaccination – service spec and PGD	6,068
Flu Vaccination – record keeping and data requirements	5,024

News stories	Date	Views
September 2017 Price Concessions/NCSO	11 Sept	1,585
Flu Vaccination Service starts tomorrow – are you ready?	31 Aug	1,350
August 2017 Price Concessions/NCSO	10 Aug	1,339
Update: Generics Supply Situation	22 Sept	1,006
Flu Plan confirms commissioning of pharmacy flu service	22 Mar	991

PSNC Briefings	Views
055/17: Guidance on the Seasonal Influenza Vaccination Advance Service	2,936
066/17: Services Factsheet – Eligible Groups for the Flu Vaccination Service	1,702
056/17: Pharmacist checklist for the Flu Vaccination Service	725
030/15: Services Factsheet – National Target Groups for MURs	703
020/17: PSNC’s guidance to contractors on whistleblowing	447

Webinars	Plays
VIDEO: Flu Vaccination Service 2017/18	951
VIDEO: Next Steps on the NHS Five Year Forward View – implications for community pharmacy	201
Making the most of social media webinar	1

### PSNC Emails

PSNC Newsletter	September 2017	August 2017	Other health newsletters
Open rate	<b>30%</b>	31%	24%
Click rate	<b>6%</b>	4%	7%
Clicks to opens	<b>19%</b>	13%	17%

LPC News	September 2017	August 2017
Open rate	<b>40%</b>	37%
Click rate	<b>4%</b>	5%
Clicks to opens	<b>10%</b>	14%

### Social media

	September 2017	August 2017
Twitter reach	<b>124K</b>	166K
Twitter interactions	<b>1,683</b>	2,179
Facebook reach	<b>7,668</b>	4,260
Facebook interactions	<b>111</b>	151
LinkedIn reach	<b>5,478</b>	4,540
LinkedIn interactions	<b>123</b>	72

## Seasonal Influenza Vaccination Advanced Service

The Flu Vaccination Service 2017/18 went live on 1st September 2017, following the publication of the service specification, PGD, on 29th August 2017 and the Directions on 30th August 2017.

Ahead of the publication of the service documents, the services team published:

- [PSNC Briefing 055/17: Guidance on the Seasonal Influenza Vaccination Advanced Service 2017/18](#); and
- [PSNC Briefing 056/17: Pharmacist checklist for the Flu Vaccination Service \(August 2017\)](#).

A pre-recorded presentation covering the requirements of the Flu Vaccination Service as well as practical tips for delivering the service was recorded by Rosie Taylor. The presentation has been viewed 2,082 times and can be watched at [psnc.org.uk/fluwebinar](http://psnc.org.uk/fluwebinar)

The Communications Team worked with pharmacyTALK to produce a video in which Zainab Al-Kharsan provided information on the guidance available for promoting the Flu Vaccination Service. This can be viewed at [psnc.org.uk/psnctalk](http://psnc.org.uk/psnctalk)

Weekly flu FAQs also started being added to the website from 14th August 2017.

The Services Team also worked with the Communications Team to publish the LPC Flu Vaccination Service promotional toolkit, which has been promoted on the website and in LPC News. The toolkit includes updated resources and other relevant resources for LPCs:

### Part 1: Service launch

- PSNC Briefing 062/17: Flu Vaccination Service template press release;
- PSNC presentation on the Flu Vaccination Service 2017/18 (PowerPoint and PDF available);
- Flu Vaccination Service advert templates; and
- PSNC Briefing 050/15: Template radio scripts to promote national pharmacy flu vaccination service.

### Part 2: Reaching out to local stakeholders

- Local charity support groups – list of suggested national charity support groups, template email to send to local charity support groups and a template PowerPoint presentation;
- PSNC Briefing 001/17: Social media guide for community pharmacy teams and LPCs; and
- PSNC's Making the most of social media webinar (on-demand).

### Part 3: Responding to queries

- PSNC Briefing 064/17: Flu vaccination: The benefits of a community pharmacy service; and PSNC Briefing 063/17: Flu vaccination: Responsive Lines for LPCs.

All of these documents can be viewed at: [psnc.org.uk/lpcflutoolkit](http://psnc.org.uk/lpcflutoolkit)

Following the additions of morbid obesity and asplenia to the eligible groups for the Flu Vaccination Service, the Services Team and the Communications Team also worked together to update the following PSNC resources for promoting the service:

- Small flu vaccination flyers; and
- Counter top notice.

All of the PSNC resources for promoting the service have been highlighted in a news story on the PSNC website and in PSNC News.

More recently the Communications Team has published some template tweets on the Flu Vaccination Service for contractors and LPCs to use.

All of these documents can be viewed at: [psnc.org.uk/fluservicepromotion](https://psnc.org.uk/fluservicepromotion)

[PSNC Briefing 066/17: Services Factsheet – Eligible groups for the Flu Vaccination Service](#) has been published which includes the additional groups.

NHS England has provided the Service Team with the headline figures of the patient questionnaire results from the 2016/17 service. The Communications Team and Services Team have worked together to produce an [infographic](#) and [news story](#) on this, which shows a positive patient verdict on the 2016/17 service.

News stories have also been published or are scheduled to be published to remind contractors to claim for payments for the Flu Vaccination Service, to encourage use of the IT platform for patient questionnaires, reminder of the process to follow for off-site vaccinations and also to highlight the resources available for promoting the service to carers.