

PSNC LPC and Implementation Support Subcommittee Minutes

for the meeting held on 10th October 2017

at 14 Hosier Lane, London, EC1A 9LQ

commencing at 1.30pm

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

In attendance: Mark Burdon, Alastair Buxton, Gordon Hockey, Mike King, Zoe Long, Mike Pitt, Rosie Taylor.

Apologies for absence

Apologies for absence were received from Jay Patel.

Minutes of previous meeting and matters arising

The minutes of the meeting held on 11th July 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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| 1 | Providing support and guidance to contractors and LPCs related to the 2017/18 changes to the CPCF |
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The information and the papers in the agenda were noted. Rosie Taylor confirmed that NHS BSA had worked hard to reach the contractors who appear not to have met the Gateway Criteria. As of Friday 6th, 280 of those contractors had still not responded to the request for further evidence (deadline was Sunday 8th). If any contractors have still not provided additional information after the deadline (a final reminder was sent out by NHS BSA on Friday 6th), these will be passed to NHS England's regional teams. The supportive approach taken by NHS BSA on this work was noted and appreciated.

The video on the November Quality Payments Review Point has had over 1,000 views, with further communications scheduled.

The subcommittee considered whether NHS England should share information with LPCs about which contractors had not met the Gateway Criteria as well as other types of information, for example, contractors who had not submitted their quarterly NMS/MUR data to NHS BSA. LPCs would like this information so that they can contact the contractors to ensure they are aware when they need to provide information. Recognising the need for LPCs to be able to access this sort of information as they adapt in the evolving NHS, the Chair felt that multiples would prefer to investigate cases internally, but likely to be happy for LPCs to have access to this information. She will discuss this with the multiples to try to agree a way forward.

A lower number of people than expected made declarations that they had reached the HLP Quality Criterion. The declarations data (which is held by NHS BSA) has been analysed and is available by LPC

area; however, the RSPH register is not so easy to analyse. The office has been working to obtain the RSPH data in a more usable format so that we can collate the data to make this more useable for LPCs.

Regional Representatives on the subcommittee were keen to see a breakdown of where generics shortages reports are coming from, so that they can thank contractors where there are many reports coming in and encourage them to where there are fewer. The office will explore the possibility of mapping the reports received by LPC to facilitate this.

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

The subcommittee considered the Ashridge report, noting the important context of NHS England's view that commissioning will move away from national silo commissioning and towards local integrated care structures. It was felt that PSNC activity should mostly be aimed at supporting LPCs to engage with the commissioning structures locally eg to map contacts and maintain relationships locally to develop ownership rather than becoming a central task.

There is a need to empower LPCs and to ensure that all of them, and their contractors, understand the emerging picture of the NHS and the work that needs to be done – this will be particularly challenging where contractors may not see this as a priority for them during to current pressures. It may be worth exploring whether any of the other contracting professions are facing similar challenges. The Chair felt that the LPC Conference would provide a good opportunity to gain feedback from the LPCs on where they and their contractors are with this work, and what they need from us, and time should be made for this in the agenda.

It was noted that a key challenge with developing clinical services is delivery, as contractors are under so much pressure at the moment trying to manage the funding reductions, Quality Payments and flu vaccinations that they do not have the headspace to do more.

The Office will collate all the feedback given and produce a discussion paper for the November Planning Meeting. This will be shared with LIS members ahead of the meeting. We will wait to communicate the results of the Ashridge work with LPCs until after the November planning discussion.

The Subcommittee considered the future of CPSS. Anil Sharma, who is a Board Member, reported that where LPCs do not have provider companies they do not really see the need for one so have little demand for the Healthcare Together services. Those who do have provider companies are grateful for the free advice available, but do not seem interested in paying for additional services. On current funds CPSS could continue to operate until around March 2018, so they are considering options for the future.

LPCs, particularly those in Manchester and Lancashire, are considering how they can best respond to tenders and enable their contractors to offer services. The office will use these areas to gather more information on what structures may work best to do this and what support can be given by PSNC. The ultimate aim must be to win tenders and provide services. While further information is gathered and options considered, it will be important to avoid dismantling structures which may prove useful as the local landscape evolves. Once we have the information there may be a need to bring together a wider group of stakeholders to consider which models work best now and for the future as the ACS/ACO model emerges.

- 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 information in the agenda was noted.

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)

Zoe Long reported that the Conservative Party Conference had proved to be another successful way to engage with community pharmacy supporters. In particular a meeting with the British Heart Foundation had been useful and had led to ideas for building a network of charity advocates for the sector. Overall the Comms Group had been pleased with party conference engagement.

Public affairs work is now focused on the upcoming debate in the House of Lords. A number of supportive Peers have been contacted and the Office is preparing a full briefing document for them. The Comms Group is also planning the November 21st Action Day which will include a Parliamentary session offering medicines check-ups for MPs; social media activity to showcase the work pharmacies are doing; and contact with local Councillors.

- 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 information in the agenda was noted.

- 6 Develop 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.

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

Mike King reported that the structures discussion paper that was sent to LPCs followed a discussion at LIS, and had included input from a number of LPCs. The subcommittee considered the need to ensure that LPCs are having discussions about the issues set out in the paper, and to monitor the outcomes of those.

LPCs must be fit for purpose given the likely direction of travel away from national commissioning of services. This process is likely to present challenges, as any top-down instructions may be met with resistance from some, particularly where LPCs are performing well. Instead, PSNC could consider a collaborative piece of work with LPCs to jointly assess the challenges and consider possible solutions together. LPCs may also need help to assess their performance, and consider what a good LPC looks like as the local commissioning landscape evolves. PSNC should also consider how it can encourage and enable some exemplar LPCs to produce resources on certain topics, to be shared with all other LPCs.

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.

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 subcommittee discussed the paper on email reach, and in particular were concerned about the 3,466 non-CCA contractors who are not signed up to receive PSNC's email newsletters. CCA branches will be receiving internal communications so may not feel that they need PSNC emails as well. There may be an opportunity to reach contractors through their NHS Mail e-mail addresses. . The new Chief Executive may also wish to write out to contractors in 2018, and the Office will ensure that any letter promotes PSNC's Communications. Finally, the Office will also talk to NHS BSA about whether they might be able to include a promotion for PSNC in the monthly statements and communications to contractors to encourage sign up.

Any other business

The Subcommittee discussed the draft agenda for the LPC Conference and was keen to include some time for LPCs to debate and input, rather than just a series of presentations. The Office will consider this.