PSNC Service Development Subcommittee Agenda

for the meeting to be held on Tuesday 13th March 2018

at 14 Hosier Lane, London, EC1A 9LQ

commencing at 11am

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

Apologies for absence

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

Minutes of previous meeting and matters arising

The minutes of the meeting held on 10th January 2018 are set out in **Appendix SDS 01/03/18** 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 to comment on the proposed next steps.

1	Develop proposals for a services-led contract for England and secure its adoption by DH and NHS England. Agree transitional changes to the CPCF with DH and NHS England

Report: Proposals for a services-led contract

Since the January meeting of the subcommittee, work has continued to refine the proposals for the Universal Community Pharmacy Care Framework and to start to develop funding and economic models for the service. The outline proposals for the framework and the Community Pharmacy Care Plan (CPCP) service were shared with DHSC and NHS England in mid-January, as proposals for discussion and further joint development, should they wish to take this forward. Sue Sharpe, Gary Warner and Alastair Buxton met DHSC and NHS England on 26th February to discuss the proposals; an update on these discussions will be provided in the plenary meeting.

The outline proposals were also discussed at a meeting on 27th February 2018 with representatives of the RPS, NPA, CCA, AIMp and PDA. There was a positive response to the proposals and an agreement that a wider picture of the development of pharmacy services across primary care should be jointly created by the organisations.

This work will be taken forward over the next few weeks and separately, following a meeting arranged by the CCA, it has been agreed that PSNC, CCA, NPA, AIMp and RPS will undertake a quick review of the Community Pharmacy Forward View to ensure the document continues to be appropriate as the collective vision for community pharmacy.

All LPCs have been invited to take part in briefing and discussion sessions on the framework and care plan proposals on 8th March 2018 and the topic will also be discussed at the national meeting of LPCs on 21st March 2018. Following these meetings, further details on the proposals will be published in order to seek the views of pharmacy contractors and their teams.

A meeting was held on 6th February 2018 with the GP Committee (GPC) of the BMA and the Dispensing Doctors' Association to discuss a range of topics of mutual interest. PSNC's service development proposals

were briefly outlined at the meeting and it was agreed that a further meeting with relevant members of the GPC will be organised to thoroughly discuss the proposals. Separately, a meeting has been arranged in April to discuss community pharmacy services with the RCGP.

Subcommittee Action:

- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Continue work to further develop the proposals for a service-led contract and seek further discussions with DHSC and NHS England; and
- Continue stakeholder engagement work on the proposals, including seeking the views of patient groups.

Report: Transitional arrangements for the CPCF in 2018/19

Meetings were held with DHSC and NHS England on 8th February 2018 to discuss elements of the proposed transitional arrangements for the CPCF in 2018/19 – Flu vaccination service (see below), Quality Payments Scheme (QPS) and EPS phase 4. The agreed notes from the individual meetings and a plenary meeting held at the end of the day are included in the PSNC agenda papers.

Subcommittee Action:

- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Work with DHSC and NHS England to ensure the transitional arrangements are implemented effectively.

Report: 2018/19 Flu Vaccination service

As noted above, a meeting was held with DHSC and NHS England on 8th February 2018 to discuss the Flu vaccination service. A verbal update on the discussions and any subsequent developments will be provided at the meeting.

Since the last subcommittee meeting, PHE and NHS England have issued guidance to pharmacy contractors and general practices on the selection of vaccines for the 2018/19 season – quadrivalent vaccines should be used for the under 65 years clinical risk target group and adjuvanted trivalent vaccine (Fluad, Seqirus) should be used in the 65 years and over cohort. This guidance has been driven by the new evidence base on the efficacy of the various vaccines within different patient groups, but it has created an effective monopoly vaccine supplier for the 65 and over cohort.

We understand discussions are ongoing with PHE about the supply schedule for the vaccine and luer lock needles (where these are required for administration of the vaccine). As soon as the potential supply issues were communicated to PSNC, these were raised as a matter of urgency with NHS England. A verbal update on the issue will be provided at the meeting.

Subcommittee Action:

- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Work with DHSC and NHS England to reach an agreement on the detail of the 2018/19 service.

2 Develop template service specifications, business cases and other resources with relevant research, to support local commissioning of services

Report: Service support toolkits

Since the last subcommittee meeting, Vicki James, has finalised work on the minor ailments toolkit and has created a stop smoking toolkit, which will shortly be issued for review by LPCs and other stakeholders. Work has also commenced to develop a toolkit to support commissioning and implementation of post-hospital discharge support services.

Discussions with several LPCs have continued on how volunteer LPCs and PSNC could collaborate to develop service support toolkits in a timelier manner. To inform this work, a survey of LPCs has been undertaken to determine their current service development priorities; the results of the survey will be discussed at the meeting of the subcommittee. All LPCs attending the national meeting on 21st March 2018 will be briefed on this work and there will be a discussion session on the best way to take this work forward.

Public Health England and several members of the Pharmacy and Public Health Forum are currently working on the development of a "Pharmacy and Older People Menu of Interventions". This document contains evidence-based interventions which pharmacy teams could implement, or which could be commissioned as services to support the wellbeing of older people. Once it is published by PHE, it should provide a useful resource for LPCs to use in discussions with local commissioners.

Subcommittee Action:

- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Undertake a final internal review of the minor ailments toolkit and then publish it;
- Undertake an initial internal review of the stop smoking toolkit and then issue it for review by the LPCs and other stakeholders;
- Continue work on a toolkit to support commissioning and implementation of post-hospital discharge support services; and
- Initiate joint work with volunteer LPCs on several collaborative projects, following discussions at the 21st March 2018 national meeting of LPCs.

Report: Research

Zainab Al-Kharsan has continued to supervise the final year projects of two UCL School of Pharmacy students who are reviewing PharmOutcomes data on locally commissioned services provided by Pinnacle Health Partnership.

Dr Nicky Hall has continued her research on the views of GPs on remote pharmacy service provision. A national survey of GPs has been prepared as the next phase of this research. Some of the initial findings from the first phase of this work, which involved focus groups with GPs, are contained in the draft abstract, which is set out in **Appendix SDS 02/03/18**; as this is pre-publication, the content is confidential.

Nicky is also:

- supervising the projects of two MPharm students, one of which is analysing data on locally commissioned services provided by Pinnacle Health Partnership;
- supporting a systematic review, being undertaken by Gemma Donovan, to examine whether a two-way automated patient contact intervention has the potential to improve adherence to medicines for LTCs in primary care; and
- working with Gemma Donovan on a literature review as the first stage of a potential piece of research into prescribing errors identified in community pharmacies.

A draft business case for securing additional funding to support the ECCIP research proposal has been drafted by Helen Musson for discussion with the other national community pharmacy bodies.

Subcommittee Action:

- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Conclude the research on GP views on remote provision of pharmacy services; and
- Secure additional funding to support the ECCIP research proposal.

3 Ensure community pharmacy IT infrastructure meets the needs of contractors

Report: This area of work is generally overseen by the joint Community Pharmacy IT Group; the minutes and agenda from the latest meetings of the group have been circulated with this agenda.

Subcommittee Action:

- Raise any matters they wish to discuss in relation to the Community Pharmacy IT Group papers.

Next Steps:

- Work will continue on this policy area, as described in the Community Pharmacy IT Group papers.

Any other business – for action

Royal Pharmaceutical Society consultation on the statement on the role of the pharmacist

In January 2018, the RPS issued a consultation on their draft statement on the role of the pharmacist that was originally developed as a thought leadership paper by their Education Expert Advisory Group. By being clear about the role of the pharmacist, they hope the statement will support the selection, education, training and professional development of pharmacists, as well as planning the future pharmacy workforce.

The draft statement on the role of the pharmacist is set out in **Appendix SDS 03/03/18**. The consultation document asks the following questions:

1. Is the statement of the core attributes and abilities clear to understand? If not, what didn't you find clear?
2. Does the statement cover the all the attributes and abilities of the core role of the pharmacist across all sectors? If not, what is missing?
3. Does the statement effectively explain the role to other professionals? If not, what would improve the statement?
4. Does the statement effectively explain the role to the public? If not, what would improve the statement?
5. Do you broadly agree with the statement on the role of the pharmacist? If not, please explain your reasons.
6. Any other comments.

Subcommittee Action:

- Review the draft statement and respond to the above questions, to inform PSNC's response to the consultation.

Facing the Facts, Shaping the Future: A draft health and care workforce strategy for England to 2027

On 13th December 2017, Health Education England (HEE), in partnership with DH and the other national NHS leadership bodies, published a draft workforce strategy for the health and care workforce. The strategy, which includes a section on the pharmacy workforce, is open to public consultation until 23rd March 2018.

Subcommittee Action:

- Review the draft workforce strategy and suggest points which should be raised in PSNC's response to the consultation.

Collaborative work on blood pressure

On 31st October 2017, a meeting was organised by the RPS, with the national community pharmacy bodies, NHS England and PHE, to discuss further work that the profession could do to support the identification, management and monitoring of hypertension. This followed the publication of a Pharmacy Voice report on the topic in February 2017 and the RPS joining PHE's Blood Pressure System Leadership Board.

A report of the proposed actions arising from the meeting are set out in **Appendix SDS 04/03/18**.

Subcommittee Action:

- Review the proposed actions and provide feedback on them which can be shared with the RPS.

Any other business – report

Publication of MUR and NMS quarterly data

Following discussions with PSNC, NHS England intend to publish the MUR and NMS quarterly data submitted by pharmacy contractors to the NHS BSA. This will start with the Q1 2018/19 data, which will be submitted by contractors in early July 2018. NHS England will also explore with the NHS BSA whether reports can be created for each LPC.

DHSC consultation on availability of gluten-free food on prescription

In March 2017, DHSC launched a consultation to seek views on proposals on whether to make changes to the availability of gluten free (GF) foods that are prescribed on NHS prescriptions. Following the consultation, DHSC have announced that the Minister's preferred option is to retain a limited range of GF bread and mix products on prescription. This means that GF foods from the following categories will no longer be available for prescribing; biscuits, cereals, cooking aids, grains/flours and pasta. The majority of consultation responses were in favour of this.

DHSC has said that they will commence work on amending the National Health Service (General Medical Services Contracts)(Prescription of Drugs etc.) Regulations 2004, Schedule 1, and then removing these products from the Drug Tariff. PSNC will notify contractors when these changes are implemented. Contractors that hold stocks of GF products have been advised to review their stock holding policy on products which will, in the future, not be prescribable.

DHSC has published the formal response document, impact assessment and equalities impact assessment on the GOV.UK website.

National clinical audit

Following discussions at the last subcommittee meeting on alternative options for a national audit topic

these options were discussed with NHS England. One audit topic was identified as the preferred option and NHS England are now considering this audit topic and a response is awaited.

Response to NICE Guidance consultation on Community pharmacies: promoting health and wellbeing

The key points from the response submitted to this NICE consultation are set out in **Appendix SDS 07/03/18** for information. The full response can be found at http://psnc.org.uk/psncs-work/psnc-publications-and-resources/responses-to-consultations/.

Response to NICE Quality Standard consultation on Medicines management: managing the use of medicines in community settings

The points from the response submitted to this NICE consultation are set out in **Appendix SDS 08/03/18** for information.

Hospital to Home Pharmacy Reference Group (formerly the Out of hospital urgent care group)

The latest highlight report, provided at the last meeting of the group, held on 5th March 2018 is set out in **Appendix SDS 09/03/18** for information.

PSNC Service Development Subcommittee Minutes

for the meeting held on Wednesday 10th January 2018

at 14 Hosier Lane, London, EC1A 9LQ

Present: Clare Kerr (Chairman), Sunil Kochhar, Faisal Tuddy.

In attendance: Zainab Al-Kharsan, Alastair Buxton, Jay Patel

Apologies for absence

Apologies for absence were received from Marc Donovan, Mike Hewitson and Gary Warner.

Minutes of previous meeting and matters arising

The minutes of the meeting held on 10th October 2017 were approved.

Agenda and Subcommittee Work

The subcommittee noted the remit set out in the governance papers. The elements of PSNC's plan that fall within the remit of SDS were considered and agreed as being appropriate.

1	Develop proposals for a services-led contract for England and secure its adoption by DH and NHS England. Agree transitional changes to the CPCF with DH and NHS England

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

Extension of NUMSAS

The information in the agenda was noted. Alastair Buxton explained that the proposed changes to the service specification were inconsequential additions related to referrals being made from integrated urgent care hubs as well as NHS 111. A change to allow payment claims to be submitted with the contractor's main prescription bundle was also made; comms on this will be issued by NHS England and PSNC shortly.

NHS England had held a workshop to get feedback on NUMSAS on Tuesday 9th January 2018; Helen Musson (Joint Head of Service Development) had attended to represent PSNC and had provided the following brief feedback:

- All areas are now live with NUMSAS (or are due to go live this week), except Devon;
- Highest users of the service are patients with asthma, diabetes, and depression; and
- 35% of urgent medicines requests are being referred to NUMSAS (it was 25% in October 2017). The experience from locally commissioned PURM services shows that much higher referral levels can be achieved over time with training of call handlers. Making the pharmacy referral the only option available to call handlers ultimately ensures maximum referrals, as was found in West Yorkshire. Some areas are starting to consider this approach.

An interim evaluation report had been shared with attendees which detailed the operational challenges that had occurred with the rollout of the service.

The strategic importance of embedding referral pathways from NHS 111 to community pharmacy was noted, as NHS 111 and its forthcoming digital service, which will be allied to the new NHS.UK website, are

being viewed by DHSC and NHS England as the front door to the NHS.

2 Develop template service specifications, business cases and other resources with relevant research, to support local commissioning of services

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

Alastair Buxton provided a summary of the recent discussions with several LPCs that are keen to work collaboratively with PSNC on the development of resources to support service commissioning. These LPCs have identified the development of support for new and more innovative services to be their priority. PSNC would provide centralised support and project management to help ensure consistency across different resources developed via this route. The subcommittee agreed that this approach was worth trying with volunteer LPCs.

The implications of the Consultation on Conditions for which OTC items should not routinely be prescribed in primary care, was considered in terms of whether publication of the final version of the MAS toolkit was now necessary or appropriate. It was decided that the MAS toolkit would be finalised and published on the website.

It was noted that MAS which were based on supply of POMs using PGDs were likely to be the type of services which may continue to be commissioned over the long-term; 'simple' MAS were likely to be decommissioned over time, but some areas may continue to commission services to cater for low-income patients. The Community Pharmacy Referral Service model in the North East was also likely to be appealing to commissioners as it supported patient-funded self-care.

It was suggested that as part of the support for implementation of the new policy on self-care of minor illness, PSNC could suggest that a formal referral mechanism between general practice and community pharmacy could be established as part of the GP triage system. This could also work with the e-consultation systems which many general practices are starting to implement. [see https://www.england.nhs.uk/gp/gpfv/redesign/gpdp/online-consultations-systems-fund/ and https://www.england.nhs.uk/publication/10-high-impact-actions-new-consultation-types-askmygp-in-nottinghamshire-and-south-yorkshire/].

3 Ensure community pharmacy IT infrastructure meets the needs of contractors

The information in the agenda was noted.

Any other business

Consultation on Conditions for which OTC items should not routinely be prescribed in primary care

The detailed guidance on individual products and conditions was considered. The following specific issues were noted for inclusion in PSNC's response to the consultation:

- Vitamins and Minerals - folic acid supplements may still need to be prescribed and should be considered as an exception to the guidance;
- Sore throat should go into the 'suitable for self-care' category;
- Nasal congestion may be better categorised as a separate condition, as some treatments can provide symptomatic relief from sinus pain;
- Mild cystitis needs to be specific to women only and explicitly exclude men; and
- For diarrhoea and indigestion, there needs to be a reference to red flag symptoms which require

onward referral.

It was noted that use of patient materials, such as those produced by the Self Care Forum and the PAGB, on appropriate management of the individual conditions could make the transition to self-care easier. Similar information could also be included on a website to which patients could be referred by pharmacy staff; this may be something that the pharmacy trade bodies could consider. Sunil Kochhar noted that NHS Choices don't always refer to pharmacy on their web pages for common, minor conditions, such as dry eyes; this issue would also be raised in the consultation response.

National clinical audits

The information in the agenda was noted.

Hospital to Home Pharmacy Reference Group (formerly the Out of hospital urgent care group)

Alastair Buxton provided a verbal report on the key discussions at the last two meetings of the group and copies of the NHS England highlight reports from the meetings were distributed.

- The group had been kept informed of the development of the Stay Well campaign, which is due to focus on pharmacy support for generic minor illness in children. The campaign, which will commence in February, has now received Cabinet Office approval and it has been selected as a public health campaign topic that all local NHS England teams will run, in order that all pharmacy contractors support the campaign;
- Local lead commissioners for integrated urgent care clinical assessment services have been asked to submit proposals for funding for pharmacists to work within these NHS 111/GP OOH settings. HEE have commissioned training and development for pharmacists taking up these roles, which will include independent prescriber training where they are not already qualified;
- NUMSAS - 4,199 pharmacies were signed up to provide the service at 2nd January 2018. 35% of all urgent medicines requests to NHS 111 are being referred to NUMSAS. 29,177 items supplied up to 31st October 2017 and there is a 91% patient satisfaction rate for the service.
- Community Pharmacy Referral Service – North East service where patients are being referred by NHS 111 for management of minor illness. Over 300 pharmacies have signed up to provide the service, with more due to join the service shortly. The referral process via PharmOutcomes is working well and referrals are increasing as the service beds in. 1700 referrals have been made so far and the current run rate for referrals would equate to around 15,000 referrals per year. Advice and sale of a medicine represents around 34% of outcomes, with advice only being 30% of consultations;
- EPS is being trialled in urgent care settings – see http://psnc.org.uk/our-news/eps-to-be-piloted-in-urgent-care-settings/ for further information on the trial; and
- A quick guide on medicines optimisation post-discharge will be developed by NHS England to promote use of MUR/NMS post-discharge.

Seasonal Influenza Vaccination Advanced Service

The information in the agenda was noted.

Zainab Al-Kharsan advised that the number of flu vaccinations administered as of 9th January was 1,168,506; this data is from PharmOutcomes, Sonar and Healthi so the total number of vaccinations administered will be even higher as some pharmacy teams are not using electronic systems for recording.

Facing the Facts, Shaping the Future: A draft health and care workforce strategy for England to 2027

The information in the agenda was noted. PSNC will be responding to this consultation after the next Committee meeting in March 2018.

RPS draft statement on the role of the pharmacist

The pharmacist

The pharmacist, as with other healthcare professionals such as medical doctors, may practice or operate in various roles. This may be directly in patient facing roles or other important medicine development, healthcare or scientific positions. The role of the pharmacist, no matter where they work or their specialist area, is person-centred – their role will impact on the public and patients.

This statement describes how the pharmacist's role is contributing to healthcare and society now and how it will develop and be applied further in the next five years. Defining the breadth of knowledge, experience and contribution the pharmacist has, rather than specific roles they may play in a rapidly developing healthcare and science environment, recognises their varied scope in serving the interests of the patients and public.

The role

The pharmacist is capable of leading and taking ultimate accountability in the development, selection and optimisation of medicines. The pharmacist's specialised knowledge, background in complex pharmaceutical science, medicine development and professional judgement makes them uniquely placed in the healthcare team to manage and often lead in the increasing complexity and personalised nature of medicine and medical conditions.

The initial education and training of pharmacists will provide a strong foundation in pharmaceutical science, practice and research as well as providing a platform to develop advanced and specialist practice. Pharmacists use reflective practice and actively seek professional development opportunities – they will also be up-to-date with the latest evidence in pharmacy, medical and scientific research into medicines.

Pharmacists, with the support of the Royal Pharmaceutical Society, always strive for excellence in every part of their working life. While pharmacists have a key role in enhancing and developing clinical services through their positions of responsibility, some will progress from clinical leadership and management to leadership roles in organisations at various levels, and this may be nationally or internationally. A registered pharmacist carries with them their knowledge of the patient, the community they work in, and pharmaceutical care need.

As a healthcare professional, in whatever arena they may work and contribute to, the pharmacist possesses a set of characteristics and skills worthy of the trust and recognition of the public, as a strong partnership with them is needed for optimal medicines use. These include good communication skills, resilience, the ability to work as part of a team, non-judgemental behaviour, empathy, integrity and the unique scientific and clinical skills.

The core attributes and abilities:

(1) Person-centred

People's needs will be anticipated and recognised by the pharmacist who will directly care for them by understanding their preferences, attitudes, health and cultural beliefs. The pharmacist will also take opportunities to consult with the public directly and proactively.

(2) Accessible to all patients as a source of advice and direction on health improvement and wellbeing

The pharmacist is the frontline clinical provider of all aspects of pharmaceutical care easily accessible to everyone. This allows the pharmacist to lead a growing number of person-centred and medicines-focused services through a connected network of pharmaceutical services across all settings.

Registered pharmacists will lead the pharmacy team, maximise skill mix in the team and collaborate closely with or lead other members of the multi-disciplinary team as the expert on medicines.

(3) Delivering the optimal use of medicines and pharmaceutical care. Pharmacists are the educator of health professionals, the public and patients on the safe and effective use or development of medicines

Diagnostic tests, new medicines (and formulations), technology and digital medicine will be developed and delivered by pharmacists in both science/research and in the patient-facing setting

Pharmacists are the healthcare professional entrusted by patients to take care of their pharmaceutical needs and the recognised professional of the healthcare team responsible for choosing pharmacotherapy.

Pharmacists will be actively involved in the selection (and in some cases de-selection), prescribing and monitoring of medicines for patients in all care settings thereby helping patients make the most of their medicines. Patients will be directed to appropriate health services by pharmacists in their local community. They will also formally make referrals to and receive referrals from medical or other healthcare professionals to ensure patients receive the right and best care for them.

Pharmacists are the guardians of patient safety and welfare by maximising the benefits and minimising the risk caused by the adverse effects of medicines.

Pharmacists will also deliver public health and health promotion services and campaigns including immunisation programmes, access to screening/health checks and diagnostic tests to inform care plans for patients. They will support and inform people with self-care and provide health advocacy and health education of individuals.

As the recognised leader for the optimal use of medicines across the healthcare system and the professional overseeing the outcomes of patient's treatment, the pharmacist will provide a personalised medicines service and precision medicine therapy (pharmacogenomics) – particularly for those with long term and complex conditions. Pharmacists will drive quality improvement strategies to improve the use of medicines. Pharmacists will also have full read and write access to the patient's record of care.

(4) Educating and undertaking evidence-based practice, innovation and research/The leader in pharmaceutical innovation, research and development of medicines, and of the delivery of pharmaceutical services

Pharmacists will educate future and fellow members of the profession as well as other professions, acting as role models and mentors – this will be a core part of a thriving professional culture of learning. The design, conduct and analysis of research into medicines and pharmaceutical care will involve pharmacists at all levels. In addition, pharmacists will contribute to the evidence base in both science and practice, using their underpinning scientific knowledge in the best interests of public and patients, practising in accordance with the latest professional standards and guidance.

Pharmacists are recognised as the expert professional for medicines governance, information and management.

(5) Promoting safety/The patient's safeguard in the research, design, manufacture and supply of quality assured medicines

Pharmacists will be the arbiters of safe practice relating to medicines in all areas: development, manufacture, procurement, prescribing, dispensing, administration and pharmacovigilance. Pharmacists will lead a culture of candour and openness.

Key points from PSNC's response to the NICE guidance consultation on Community pharmacies: promoting health and wellbeing

PSNC believes that the draft recommendations in the guideline are sensible and in the main, it would be possible to implement them, if human and financial resources at a pharmacy level allowed for this. Implementing the proposals would increase the existing positive impact of community pharmacy teams on the health and wellbeing of patients and the public.

The guideline notes that there may be increased costs for community pharmacies (for example, page 19, lines 25 and 26), but that this cost in terms of staff time may be offset by improved health outcomes and resource savings elsewhere in the health or care system. We believe this assertion is correct, however it is important for NICE and policymakers to recognise that increased costs to pharmacy owners (contractors), that are not covered by specific funding from local or national contracting will be an additional cost burden to those contractors, as savings elsewhere in the health and care system will not benefit the contractor.

We believe implementing most of the proposals would result in increased costs for pharmacy contractors, mainly in staff time, but in some cases in relation to the purchase of resources, such as calorie counters (page 9, line 2) or photo-ageing software (page 21, line 5). The public health elements of the Community Pharmacy Contractual Framework did have funding allocated to them in the original 2005 funding settlement, but this was only a very small amount, which would be well below the funding that would be required to meet the professional standards described by the recommendations in the guideline.

The recommendations risk creating confusion between what is required, and funded, by the Community Pharmacy Contractual Framework and what is desirable. Whilst recognising the Government's policy of increasing the number of people advised to seek advice and support from community pharmacies, professional standards must also be realistic. Before the recommendations in this guideline are set as an expected professional standard, there should be a review of the NHS funding for such activities.

Considering all of this, the very high existing workload levels in most pharmacies and the funding cuts that have recently been applied to the national Community Pharmacy Contractual Framework, we do not expect that pharmacy contractors will have the financial or staffing resources to allow implementation of most of the recommendations.

We fully support the proposal to promote the skills and competencies of community pharmacy teams to the public and we are pleased that NHS England and Public Health England have recently initiated such a campaign as part of their wider "Live Well" consumer campaign.

To effectively undertake such a campaign, we believe there is a benefit in using consistent messaging across the whole country. Such a campaign also requires the investment of significant sums of money over sustained periods. Considering the current funding constraint within the NHS and the funding cuts which have been applied to the Community Pharmacy Contractual Framework, we believe implementation of this recommendation may be more challenging in the foreseeable future.

Offering behavioural support programmes for smokers and weight management is a sensible use of the skills of pharmacy teams across the network of community pharmacies, however it is important for NICE and policymakers to recognise that these services must be commissioned by local commissioners, with adequate remuneration to allow the provision of a high-quality service to patients and the public.

Even though there was a recommendation in the report of the 2016 Independent Review of Community Pharmacy Clinical Services (commissioned by the Chief Pharmaceutical Officer of NHS England) that consideration should be given to the national commissioning of a stop smoking service from all pharmacies,

largely as a result of funding cuts to local government public health budgets, we have actually seen locally commissioned stop smoking services being decommissioned. Without commissioning and associated funding, it is unlikely that these recommendations will be able to be implemented.
There will be a cost to purchase of calorie counters, portion size plates and similar resources which are then supplied to the public. NICE and policymakers should consider how such costs incurred by pharmacy contractors will be reimbursed by NHS or public health commissioners.
Establishment of formal referral processes to other services is a very sensible proposal, which is already seen in some areas. Development of such referral processes can take a significant investment of time and effort by commissioners, local clinicians, professional leaders and representative organisations, such as Local Pharmaceutical Committees and Local Medical Committees. In some cases, getting commissioners to engage in such activities can be a challenge, due to multiple competing priorities calling upon their time. The guidance should recognise the need for such wider engagement when referral processes are being developed. Additionally, the guidance could also identify the benefit of using electronic methods for making referrals to other healthcare providers, particularly general practices. Community pharmacies are increasingly using electronic methods to communicate with GPs and other professional colleagues, but systems to allow such electronic communication generally require local facilitation by commissioners or Local Pharmaceutical Committees and funding is also generally required. For these reasons, we believe the recommendation on establishing formal referral processes will be one of the most challenging to implement.
The guidance notes the resource impact associated with additional healthy living training for pharmacy team members. This is an important point and we suggest that NHS England, local commissioners and Health Education England consider how they might support the provision of such training to pharmacy team members.
Implementation and wider support for implementation of the various recommendations will fall to a range of organisations, such as community pharmacies, commissioners and national NHS leadership bodies; it would be helpful if, wherever possible, the guidance could indicate which organisations should implement or support the implementation of the proposals.

Key points from PSNC's response to the NICE Quality Standard consultation on Medicines management: managing the use of medicines in community settings

We believe the draft quality standard does accurately reflect the key areas for quality improvement, however we wish to comment on the challenges to implementation of the requirements underpinning the quality standards. A number of the standards will require community pharmacy contractors (owners) to undertake additional work which is not funded via the national Community Pharmacy Contractual Framework. In particular, the proposal in Quality Statement 3 that pharmacies should consider supplying printed medicines administration records represents an unfunded cost, unless this is covered by a locally commissioned service. We suggest that local authorities should be reminded of the need to commission such services from community pharmacies, in order to support the implementation of the quality standards. Considering the very high existing workload levels in most pharmacies and the funding cuts that have recently been applied to the national Community Pharmacy Contractual Framework, we do not expect that pharmacy contractors will have the financial or staffing resources to allow implementation of the elements of the quality standards that are likely to fall to them, unless appropriate locally commissioned services are put in place by local authorities.
If a pharmacy contractor agrees to provide a medicines administration record, it is likely that at least part of the responsibility to keep it up to date will fall to the pharmacy contractor. As referenced above, this represents an unfunded cost to pharmacy contractors, unless an appropriate locally commissioned service is put in place by the local authority.

Hospital to Home Pharmacy Reference Group Highlight Report

Pharmacy Urgent Care Highlight Report

February 2018

Executive Summary: key progress this month

- The NHS Urgent Medicines Supply Advanced Service pilot has been extended until September 2018 to allow for time to evaluate.
- New project 111 Community Pharmacy Referral Scheme went live on 4 December 2017
- Quick Guide: Discharge Medicines Optimisation guide in planning stages. Aim is to support discharge of patients by informing patient's community pharmacy about discharge medicines needs. Transfer of information can now take place via NHSmail (>75% of pharmacies have a premises specific NHSmail account – aiming at 90% by December)
- DoS Profile Updater is now in supporting the BSA/compliancy review for QPS. Decision made not to use the DoS Profile Updater service to collect pharmacy bank holiday opening times for the Easter bank holiday in favour of product development for QPS Q1 2018. New user interface developments following more usability and user engagement.
- Stay well pharmacy Campaign to go live on 12 February 2018 for 6 weeks in lead up to Easter

Key achievements and completed actions

NHS Urgent Medicines Supply Advanced Service (NUMSAS)
- 3706 Pharmacies signed up to deliver NUMSAS at 2nd January 2018
- 35% of all urgent medicines requests to NHS 111 are referred to NUMSAS
- 91% patient satisfaction rate for those responding to the survey
- 35,108 items supplied under the pilot up to 30 November 2017 (latest NHS BSA report)

111 Community Pharmacy Referral Scheme (CPRS)
- Test project commissioned locally agreed to run in North East to test the referral of patients to a community pharmacy for minor illness symptoms when they would usually be booked for a GP appointment. 1550 referrals made into the project since Dec 4th (until 30th January)
- Evaluation to be externally procured through Pharmacy Integration Fund.
- Clinical governance agreed and signed off with North East Ambulance Service
- 325 pharmacies signed up to provide the service across the North East.

Quick Guide: Discharge Medicines Optimisation Toolkit
- Outline plan agreed and PCC form submitted to agree publication

Stay Well Pharmacy Campaign – aimed at parents of 0-5s
- The Cabinet Office has approved funding and the campaign will be going live Feb/March 2018 for impact before Easter
- Details of the campaign shared with stakeholders and PUCRG members but not for public circulation until review date for maximum impact. TV add-children's and catch up, PR, outdoor advertising, social media and Mumsnet partnership

Improving Pharmacy DoS profiles
- New and ongoing improvements were made to the DoS Profile Updater based on user feedback (DoS leads, pharmacist users)
- 91% of pharmacies used the DoS Profile Updater service to review their DoS entries in the November Quality Payments review
- of all amendments requested were completed on the DoS
- DoS Lead Profiling workshop completed on 25 January which explored the variations in regional DoS service profiling

Planned activities

NUMSAS
- Interim evaluation report being finalised
- Produce training video to increase awareness of 111 call advisors about when to refer to NUMSAS instead of booking a GP appointment. Video awaiting NHS England media team engagement. Also plan to prepare a short video for pharmacy staff
- Ensure Directions changed to reflect service extension and updated service spec approved and released by 1 April

111CPRS
- Service management, operational and clinical support of over 300 pharmacies
- Addition of Boots pharmacies shortly (another circa 80)
- Possible provision of training for pharmacy teams
- Review of clinical escalation pathways

Quick Guide: Discharge MOP Toolkit
- Research existing practices and seek stakeholder input
- Prepare first draft
- Seek owner/sponsor

Stay Well Pharmacy
- Campaign collateral has been developed to meet primary and secondary objectives for Cabinet Office and PhIF funded elements of campaign.
- Commissioning materials that will have longevity of use building trust in advice of pharmacy professionals.

Pharmacy DoS improvement
- A Pharmacy Directory of Services workshop will be held on 27th February in Birmingham.
- Analysis day planned following the DoS Lead Profiling workshop to identify key themes and issues
- NHS Digital are to develop the roadmap for Profile Updater and agree the next phase, subject to the NHS England prioritisation review.

Pharmacy Urgent Care Highlight Report

February 2018

Milestone	Due date	Prior RAG	New RAG	Comments
NUMSAS	12/01/18	N/A		Finalise changes to the Service Specification
111 Community Pharmacy Referral Service	31/03/18	N/A		Service end date
Stay Well Pharmacy Campaign	12/02/18	N/A		Campaign go live
Quick Guide: Discharge Medicines Optimisation Toolkit	31/03/18	N/A		Supports DTOC, need to link with other work and identify sponsor.
Pharmacy DoS profiles up to date.	02/10/17	N/A		Issues with capacity to confirm changes to opening hours in NHS England teams.

Escalation / Support Required

Ensure the Pharmacy Reference Group is informing other H2H workstreams where appropriate.

Risk / Issue	RAG	Mitigating Actions

Key to RAG ratings: Complete; On track, due to be completed by planned due date; Off track, but with recovery plan in place; Off track, with no clear recovery plan in place