

**PSNC LPC and Implementation Support Subcommittee Agenda**  
**for the meeting to be held on Tuesday 13th March 2018**  
**in the Aylesbury Meeting Room, PSNC, Hosier Lane, London EC1A 9LQ**  
**commencing at 3:30pm**

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

**Apologies for absence**

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

**Minutes of previous meeting and matters arising**

The minutes of the meeting held on Wednesday 10th January 2018 are set out in **Appendix LIS 01/03/18**.

**Agenda and Subcommittee work**

Below we set out progress on the workplan for LIS in 2018. In some areas of the plan there is common ground with other subcommittees, in particular SDS. The role of SDS is to develop the products (such as a new service); LIS is concerned with supporting the implementation of that service by the provision of guidance, training and communication for LPCs and contractors.

Note: the activity in the workplan is what LIS aims to deliver but is subject to PSNC's financial and resource constraints.

**Support on the contractual framework and local commissioning**

1	Provide support and work to engage contractors on the CPCF, pharmacy funding, the changing NHS environment and local commissioning, and all other NHS matters relevant.
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**Actions**

Ensure PSNC is using social and digital media to best effect to engage with contractors and their teams	Ongoing
Meet with pharmacy press to look for ways to work together to support community pharmacy contractors and their teams in 2018, and write a plan	April (and ongoing)
Provide guidance and support to contractors on changes to the CPCF and funding	Ongoing
Monitor the ongoing development and impact of the STPs/Accountable Care Organisations (ACOs) and the changing commissioning environment on community pharmacy, to inform support and guidance to contractors, and highlight success and shared learning	Ongoing
Support contractors to engage and adapt to the changing environment for community pharmacy	Ongoing

## Report

Reports on PSNC's digital communications are included as [Appendix LIS 02/03/18](#). A change has been made to the PSNC website to include a 'Headline News' category. This should make it easier for website viewers to find the important news, and also ensures that important news stories remain on the homepage for longer.

Following the campaign in 2017 to increase the number of contractors who we know receive PSNC emails, the office has been having conversations with NHS England about the possibility of accessing and using contractors' NHS email addresses for this purpose, as the vast majority of pharmacies now have these email accounts. NHS England have agreed this, in principle, and we expect to be able to send PSNC newsletters to these email accounts in the next month or so. We will only be producing an electronic version of the Prescription Charge Card this year and will use this to once again promote our email newsletters to contractors.

A report of press work and coverage for this year so far is included as [Appendix LIS 03/03/18](#). A summary of PSNC Briefings is attached as [Appendix LIS 04/03/18](#). News stories in the past two months have included reminders on clinical governance deadlines; updates on price concessions; information on flu vaccination ordering; and information on changes to practice leaflets. Detailed guidance for contractors on the Falsified Medicines Directive has published by the UK FMD Working Group for Community Pharmacy and highlighted on PSNC's website. The office has also worked to try to ensure that pharmacies are prepared for the Stay Well Pharmacy campaign, producing a resources hub and escalating issues with NHS England.

As has been reported to the Health, Policy and Regulations Subcommittee, PSNC has been working with other pharmacy organisations as part of the Community Pharmacy GDPR Working Party to provide guidance to the pharmacy sector. Attached separately to the HPR Agenda is the draft information prepared for contractors. The information is arranged in three parts, guidance, a workbook and FAQs. It is envisaged that most contractors should only need to read the guidance and complete the workbook. The information for contractors will be issued by 25 March 2018 and will be communicated to contractors on PSNC's website and by email, with reminders in the countdown to the implementation date. We are planning to hold webinars to talk people through the guidance on April 4th and 10th.

## Subcommittee Action

- The subcommittee is asked to consider whether there are any other urgent topics on which contractors could benefit from support in the form of a webinar.
- The subcommittee is asked to consider the suitability of the GDPR toolkit, and whether any other work is needed to assist contractors in preparing for the GDPR.

## LPC development and operational support

2	Provide resources for LPCs to promote the local commissioning and effective implementation of evidence-based services.
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## Actions

Produce resources for LPCs to help them to promote services	Ongoing
Provide guidance, based on the Ashridge report, on how to run local meetings with commissioners to identify and overcome barriers to local commissioning	May

Provide training and support for LPCs on each of the steps in the commissioning cycle	November
Consider conducting further research to understand the impact, priorities and directions of STPs and ACOs, as recommended in the Ashridge report	March
Provide support to LPCs involved in the setting up of a local provider company, and the ongoing relationship and governance between the LPC and the provider company, once established. Support local provider companies set up with LPC involvement, as appropriate.	Ongoing

### Report

A briefing and update for LIS on the Ashridge recommendations is attached as [Appendix LIS 05/03/18](#). One of the recommendations made by Ashridge is to consider further research – see subcommittee action below.

Community Provider Support Services (CPSS) previously trading as Healthcare Together ceased trading on 1st February 2018 and the company will be dissolved on 1st May is attached as [Appendix LIS 06/03/18](#). The background to this decision, the text of the announcement on the Healthcare Together website, and the Memorandum of Understanding between PSNC and NPA on the continuation of the Healthcare Together services through the two national bodies are attached as [Appendix LIS 07/03/18](#).

Gordon Hockey and Mike King are continuing to work with Greater Manchester LPC which is having problems with the PSNC template company limited by guarantee. A further meeting with GM LPC took place on 9<sup>th</sup> February; a summary of that meeting and wider provider company development is attached as [Appendix LIS 08/03/18](#) for information.

### Subcommittee Action

- The subcommittee is asked to consider the briefing and decide what, if any, further research by Ashridge should be recommended to PSNC bearing in mind the significant cost of such work.

<b>3</b>	<b>Promote collaboration and the sharing of knowledge, skills and resources across the LPC network.</b>
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### Actions

Follow up the discussions at the LPC Conference 2017 on how PSNC and LPCs can collaborate more on the production of support material and make greater use of the expertise in LPCs	February
Create a database of individuals in LPCs with expertise/special interest	March
Share information from regional meetings across the LPC network	Ongoing
Consider additional channels for a wider LPC audience to share knowledge and information across the LPC network	February
Consider a networking event for LPCs Members and staff involved in communications and public affairs work	November
Survey of LPCs to assess current engagement with STPs and the development of ACO/ACS, to inform the LPC network and PSNCs support plans	Survey completed
Use the national meeting of LPCs in March to progress this workstream	March

## Report

Several telecons have been held with a group of LPC Chief Officers on this workstream and PSNC is co-ordinating LPCs working together on services and resources based on the results of the survey on the PSNC Commissioning Toolkit Programme. There will be further discussions at the national meeting of LPCs on 21st March; an update on the agenda for the day will be given at the LIS subcommittee meeting. We have also gone out to LPCs to populate a database of individuals in LPCs with specific expertise/special interest.

The office has set up a separate Google group for LPC media leads and others are being developed for LPC leaders to share information, ideas and good practice.

The Services Team have agreed to coordinate the Services Innovation Theatre at the Pharmacy Show again this year. This will offer another opportunity for LPCs to share local service successes and best practice with others.

A survey of LPCs to assess current engagement with STPs was completed in February. **The analysis and report can be found at the end of the agenda pack.** The main request for additional support was material for LPCs to provide to STPs about community pharmacy. This is already included in the LIS workplan. The survey was conducted with Pharmacy Business magazine and the results of the survey should not be disclosed outside PSNC until PB has published.

## Subcommittee Action

- The subcommittee is asked to review the LPC STP survey to consider any further support needs in addition to that identified above.

4 Work with LPCs to get clarity and agreement on their changing role, and support them to improve their effectiveness, communications and structures in response to the changing needs of contractors, local commissioners and other bodies in the evolving local NHS environment.

## Actions

Update PSNC's self-evaluation framework to reflect the changing NHS environment	March
Develop PSNC's mentoring network to support the effectiveness of individuals in LPCs	March
Run training days for new LPC members following the LPC elections	May
Build on the PSNC's 'LPC size and structure document to identify how LPCs need to adapt to the changing NHS environment	May
Continue to encourage LPC members to review the LPC structure and support those LPCs looking to make changes such a mergers or federation	Ongoing
Consult LPCs on training and other support needs to progress this workstream	March
Provide further templates for key areas of LPC work	Ongoing
Consider the additional support needs of the large LPCs that are resulting from mergers	March
Use PSNC's LPCs in the Spotlight feature to highlight success and inspire change	July

## Report

The self-evaluation framework is being amended and will be available later this month. Template remits for LPC subcommittees are now available from the LPC Members section of the website, and a template LPC policy statement on financial management has been produced.

The PSNC mentoring scheme has six volunteer mentors who are completing their profile and will be coached by Rachel Harrison. As a reminder, the details of the mentoring scheme are attached as **Appendix LIS 09/03/18**. The scheme will be opened to potential mentees and more mentors sought.

On LPC structures, West Sussex LPC, East Sussex LPC and Surrey LPC have a new overarching tier Community Pharmacy Surrey Sussex (CPSS), with Chief Officer James Wood replacing the retiring Vanessa Taylor and Martin Mandelbaum. The three LPCs remain. PSNC has supported the CPSS launch events across the region.

LPCs representing more than 300 contractors are being consulted on additional support needs – one coming forward is possible incorporation to protect LPC members.

The office has received the letter from Cheshire and Wirral LPC in **Appendix LIS 10/03/18**. It sets out a complaint about the poor service level provided by national first-line wholesalers. The first step will be to collect information from LPCs in other parts of the country to find out if this is a local or national problem.

## Building support at a time of change: communications and public affairs

5 Use PSNC communications, media work, lobbying and wider engagement activity to build broad support for community pharmacy and support for its changing role in the evolving NHS.

### Actions

Produce resources to help LPCs to engage with local stakeholders	Ongoing
Produce a guide to community pharmacy for STPs and ACOs/ACSS	April
Seek a meeting with the LGA with the aim to follow up with joint work	April
From the results of the LPC survey, consider how local and national lobbying could help enhance engagement with STPs	June
Review options for and select a Parliamentary monitoring service	January
Review and maintain a rolling contacts list of key target peers and MPs	Ongoing
Review and respond to Parliamentary inquiries relevant to community pharmacy	Ongoing
Work with other pharmacy organisations to promote pharmacy in Parliament	Ongoing
Produce a year planner to support LPC local engagement and public affairs work	March
Produce further resources promoting the PwC work and Care Plan service	April
Identify key national media targets and provide a briefing for them	October
Review opportunities to exhibit at events in 2018 and agree plan with other pharmacy organisations	January
Create a rolling list of key target healthcare contacts and produce a briefing to help them to promote community pharmacy	August

### Report

Following trials with three Parliamentary monitoring services and conversations with Luther Pendragon we have agreed to keep contracting with Luther on a significantly reduced retainer. For this they will provide a Parliamentary monitoring service as well as strategic public affairs advice. The

Head of Communications and Public Affairs will have fortnightly meetings with Luther to review public affairs activity and tactics, with the Chief Executive expected to join some meetings.

The recruitment process for the new Public Affairs Officer was successful, and Jessica Ferguson will start on Monday March 19th, reporting to the Head of Communications and Public Affairs. Jessica has a degree in Politics, an MA in Political Communication and experience working in public affairs, including some community pharmacy work, and will be a very welcome addition to the team.

A summary of public affairs activity so far in 2018, including consideration of events, is included in **Appendix LIS 11/03/18**. This includes an update on the work of the All-Party Pharmacy Group. On Monday March 3rd PSNC and the other pharmacy organisations met with Luther Pendragon to review their management of the Secretariat of the APPG last year. The Head of Communications and Public Affairs will give a short verbal report on this at the LIS meeting.

The office has begun work on the STP guide to community pharmacies and draft text, with references attached separately, is included as **Appendix LIS 12/03/18**.

### Subcommittee Action

- The subcommittee is asked to consider the suitability of the draft text for the STP guide.

6	Oversee all operational aspects of the PSNC rebrand and build support for the rebranded organisation.
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### Proposed Actions

Engage designer/font foundry and work up logo and colour scheme options	March
Draft brand guidance document	April
Draft internal launch plan to cover domain changes, website, emails etc.	April
Draft communications and external launch action plan	April
Write options paper for new CEO and Committee	May
Finalise brand guidance	June
Implement internal launch action plan	tbc
Implement communications and external launch action plan	tbc

### Report

PSNC agreed in October 2017 that it would go ahead with a rebrand to Community Pharmacy England once the new Chief Executive had started. Before then, practical preparations for a rebrand were to continue in the office. The office has now begun to look at possible logos for the rebranded organisation and is seeking quotes both from a logo design agency and a font foundry (who could offer advice on a typographical logo) for help with this. Options will be discussed with Simon Dukes when he starts at PSNC.

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 good 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 January 2018 report

January saw a lot of interest in our reminder of clinical governance requirements which need to be completed by 31st March, as well as a new 'Stay Well' campaign focusing on pharmacy. CPN magazine was also popular this month.

Our largest peak in website numbers was on Tuesday 23rd, the day we sent a PSNC News email which led with details on the upcoming Stay Well Pharmacy campaign. A similar peak was seen on the 31st, another PSNC News email day.

### Overview of the February 2018 report

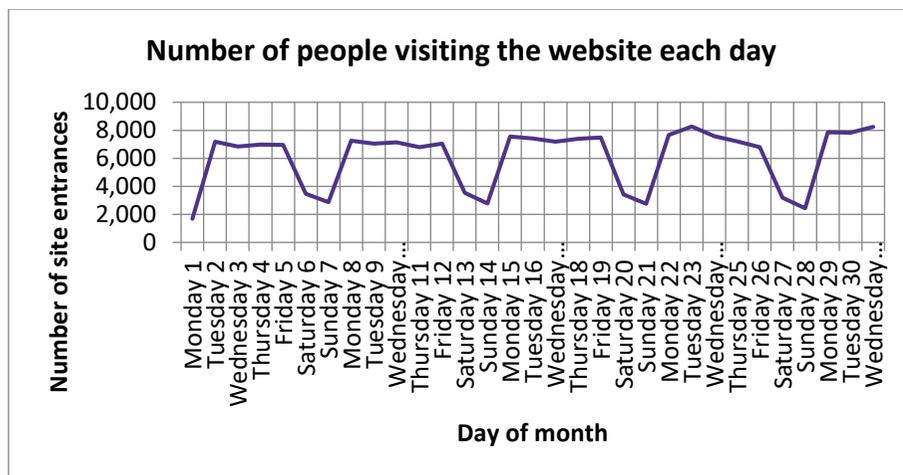
February saw a continuing interest in the Stay Well campaign, with both our resources hub and a news update on the delivery of campaign resources proving popular. Flu vaccine ordering guidance for 2018/19, the annual prescription charge announcement and February CPN also attracted considerable interest this month.

Our largest peak in website numbers was on Wednesday 7th, the day we sent a PSNC News email which led with a notice that the pharmacy practice leaflet requirements had been updated. A similar peak was seen on Monday 5th, when our resources hub for the Stay Well Campaign was launched.

## January 2018: PSNC comms statistics report

### PSNC Website

Audience	January 2018	Dec 2017
Number of unique visitors (site entrances)	<b>187,924</b>	157,526
Number of unique pageviews	<b>322,864</b>	267,288



Pages	Views
Price concessions and NCSO	29,925
EPS Prescription Tracker	14,147
Controlled Drug prescription forms and validity	5,781
Medicines Use Review (MUR)	5,435
Exemptions from the prescription charge	5,188

News stories	Date	Views
January edition of CPN magazine out now	19 Jan	1,620
Clinical governance deadlines fast approaching	9 Jan	1,547
Preparations for Stay Well Pharmacy campaign	16 Jan	1,170
Charging a fee to use a credit or debit card	4 Jan	1,052
December 2017 Price Concessions/NCSO (Updated)	28 Dec	1,009

PSNC Briefings	Views
030/15: Services Factsheet – National Target Groups for MURs	1,157
004/18: Factsheet: Information on medicines supply for patients	507
001/18: Upcoming clinical governance deadlines – actions to be completed by 31 March 2018	498
033/15: Services Factsheet – NMS Medicines List	442
016/14: Advanced Services (MURs and the NMS)	438

Webinars	Plays
VIDEO: Next Steps on the NHS Five Year Forward View – implications for community pharmacy	181
VIDEO: Flu Vaccination Service 2017/18	49

### PSNC Emails

PSNC Newsletter	January 2018	December 2017	Other health newsletters
Open rate	<b>32%</b>	30%	25%
Click rate	<b>7%</b>	5%	3%
Clicks to opens	<b>22%</b>	14%	10%

LPC News	January 2018	December 2017
Open rate	<b>37%</b>	38%
Click rate	<b>4%</b>	7%
Clicks to opens	<b>11%</b>	18%

### Social media

	January 2018	December 2017
Twitter reach	<b>146K</b>	135K
Twitter interactions	<b>2,532</b>	2,192
Facebook reach	<b>1,328</b>	985
Facebook interactions	<b>83</b>	92
LinkedIn reach	<b>10,401</b>	8,202
LinkedIn interactions	<b>168</b>	123

## February 2018: PSNC comms statistics report

### PSNC Website

Audience	February 2018	Jan 2018
Number of unique visitors (site entrances)	<b>161,556</b>	187,924
Number of unique pageviews	<b>276,877</b>	322,864



Pages	Views
Price concessions and NCSO	20,997
EPS Prescription Tracker	12,465
Controlled Drug prescription forms and validity	4,674
Medicines Use Review (MUR)	4,537
Exemptions from the prescription charge	4,534

News stories	Date	Views
Updated Pharmacy Practice Leaflet requirements	1 Feb	2,326
February edition of CPN magazine out now	14 Feb	1,671
Stay Well Pharmacy resources: delivery update	21 Feb	1,320
Final guidance on flu vaccine ordering for 2018/19	5 Feb	1,073
January 2018 Price Concessions/NCSO (final update)	9 Feb	896

PSNC Briefings	Views
030/15: Services Factsheet – National Target Groups for MURs	1,041
033/15: Services Factsheet – NMS Medicines List	378
016/14: Advanced Services (MURs and the NMS)	358
001/18: Upcoming clinical governance deadlines – actions to be completed by 31 March 2018	206
070/17: EPS Prescription Tracker new Business Continuity Mode feature	205

Webinars	Plays
VIDEO: Next Steps on the NHS Five Year Forward View – implications for community pharmacy	142
VIDEO: Flu Vaccination Service 2017/18	17

### PSNC Emails

PSNC Newsletter	February 2018	January 2018	Other health newsletters
Open rate	<b>33%</b>	32%	25%
Click rate	<b>7%</b>	7%	3%
Clicks to opens	<b>21%</b>	22%	10%

LPC News	February 2018	January 2018
Open rate	<b>37%</b>	37%
Click rate	<b>3%</b>	4%
Clicks to opens	<b>8%</b>	11%

### Social media

	February 2018	January 2018
Twitter reach	<b>148K</b>	146K
Twitter interactions	<b>1,744</b>	2,532
Facebook reach	<b>1,571</b>	1,328
Facebook interactions	<b>178</b>	83
LinkedIn reach	<b>12,931</b>	10,401
LinkedIn interactions	<b>237</b>	168

## PSNC Press Coverage: A Summary Report

In the past two months the Communications Team has provided comment to the pharmacy press on a range of topics including price concessions, PSNC's Care Framework proposals, specials, prescription charges and the Falsified Medicines Directive.

Proactive media work around the Care Framework and the Pharmacy Business STP survey is being planned, and the team have met with the Editor of The Pharmacist to discuss possible articles around the GDPR toolkit and PSNC's endorsing guidance for contractors. A meeting with the Editor of Pharmacy Magazine is planned for March 20th.

### Price concessions

The pharmacy press have understandably been very interested in developments around PSNC's work with DHSC to try and improve the generic shortages concession system. [Chemist+Druggist](#), [The Pharmaceutical Journal](#) and [Pharmacy Business](#) were all keen to give as much information as possible to their readers, and PSNC provided as much comment and background information as possible.

### The Care Plan

PSNC's proposals for pharmacies to better support people with long-term conditions were widely covered in the pharmacy press. Highlights included [Pharmacy Business](#), who focused on the need to fund pharmacies based on services delivered not just volume, and [The Pharmaceutical Journal](#), who highlighted the link between these proposals and the recommendations made by the Murray Review.

### Flu Vaccination Service

Alastair Buxton was quoted several times in stories relating to stocks of flu vaccine both for this year and next. This included articles by [The Pharmaceutical Journal](#) and [Pulse](#) at the height of the flu peak.

### Judicial Review appeal

[Chemist+Druggist](#) picked up on something Sue Sharpe said during the Sigma conference and told its readers that the appeal will be kept separate from the upcoming contract negotiations.

### Capita

As news broke of Capita's struggling fortunes, [Chemist+Druggist](#) decided it was time to revisit the topic of its prior failings in handling the Primary Care Support contract. Gordon Hockey gave a balanced view saying that whilst things are improving, there's still some way to go to regain pharmacy's trust.

### Sue Sharpe's departure

Ahead of the CEO leaving, the pharmacy press were eager to hold interviews to discuss her time working at PSNC. Whilst [Chemist+Druggist](#) focussed on Sue's one regret, [The Pharmaceutical Journal](#) provided a more in-depth piece reflecting on Sue's 17 years in office.

## PSNC Briefings (January and February 2018)

### PSNC Briefing 001/18: Upcoming clinical governance deadlines – actions to be completed by 31 March 2018

PSNC's Regulations and Support Team is often asked questions about key actions and submission deadlines for the clinical governance aspects of the terms of service. Therefore, we have produced this briefing as a quick reference guide identifying the actions to be completed by 31 March 2018 (Section A). The briefing also includes details of ongoing clinical governance requirements (Section B).

### PSNC Briefing 002/18: NHS England Primary Care Prescribing Guidance

In November 2017, NHS England published *Items which should not routinely be prescribed in primary care: Guidance for CCGs*. The NHS England Board also decided a full consultation should be held in early 2018 on a proposal that the prescribing of over-the-counter (OTC) products, currently prescribed at NHS expense, should be restricted in the future; a consultation on this topic commenced on 20th December 2017. This PSNC Briefing will assist community pharmacy teams and LPCs in the implementation of the NHS England guidance at a local level.

### PSNC Briefing 003/18: Dispensing & Supply monthly update (January 2018)

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

### PSNC Briefing 004/18: Dispensing & Supply Factsheet: Information on medicines supply for patients

When community pharmacy teams struggle to source medicines, this can lead to queries from patients as to why there are delays. PSNC has therefore created this factsheet which provides some lines that could be used to explain the situation to patients.

### PSNC Briefing 005/18: Dealing with Smartcards – Quick reference guide

Smartcards are used by community pharmacy team members to access NHS IT systems such as EPS and the Summary Care Record (SCR). There is a system in place to support pharmacy teams with the maintenance of their Smartcards and this briefing outlines how this allows pharmacy team members to self-manage their Smartcards.

### PSNC Briefing 006/18: Better managing Smartcards

Smartcards are used by community pharmacy team members to access NHS IT systems such as EPS and the Summary Care Record (SCR). There is a system in place to support pharmacy teams with the maintenance of their Smartcards and this briefing outlines how this allows pharmacy team members to self-manage their Smartcards.

### PSNC Briefing 007/18: Update on the Health and Care Landscape (January 2018)

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 008/18: 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 009/18: Dispensing & Supply monthly update (February 2018)**

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

### **PSNC Briefing 010/18: Dispensing & Supply Factsheet: Discount Deduction**

In this PSNC factsheet our Dispensing and Supply Team explains how discount deduction is applied to NHS prescriptions and which products are eligible to be included in the 'Discount Not Deducted' list.

### **PSNC Briefing 011/18: Refreshing NHS Plans for 2018/19**

NHS England and NHS Improvement have issued a joint guidance document setting out the expectations for commissioners and providers in updating their operational plans for 2018/19. This PSNC Briefing summarises the elements of the document that are of most relevance to community pharmacy teams and Local Pharmaceutical Committees.

### **PSNC Briefing 012/18: Update on the Health and Care landscape (February 2018)**

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.

## Ashridge Communications Report into Community Pharmacy – briefing for LIS

Ashridge Communications carried out work on behalf of PSNC in 2017 to explore barriers and potential opportunities for the commissioning of local community pharmacies with a range of local commissioners. This report summarises the recommendations of the report and gives an update on PSNC's work in this area.

### Background Information

In 2017, PSNC commissioned Ashridge Communications to conduct research 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.

The research was designed to:

- Understand how local commissioners perceive community pharmacy;
- Establish views on how primary care services could be integrated with community pharmacy;
- Identify any barriers, and ways in which these barriers might be overcome;
- Explore local relationships between commissioners and providers; and
- Investigate priorities for service development.

Ashridge Communications produced a full report for PSNC and a summary report of key findings and recommendations. The summary report was sent to the commissioners and others that participated in the workshops; it was also made available to all LPCs and was referenced at the LPC Conference in November and considered by PSNC at its annual planning meeting later that month.

### Reporting to PSNC and Findings

The commissioning of the report and PSNC's input into the research project were overseen by LIS. Ashridge presented their report to LIS last year with a copy sent to all PSNC members.

The report's findings were considered as part of PSNC's planning meeting in November which resulted in PSNC's workplans for 2018. In some cases, the report reinforced the value of work that PSNC has already undertaken. It supported PSNC's recognition that the move to more local commissioning and accompanying structural changes is creating new local support needs which PSNC is addressing.

The 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 several 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 work done to date which supports the recommendations, and the additional PSNC activity following the publication of the Ashridge report (although not necessarily prompted by the Report).

## Recommendations and PSNC Actions

**Ashridge 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. 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 so that PSNC can communicate directly with them.

### Additional PSNC activity following the Ashridge Report:

- Monitoring of the ongoing development and impact of STPs/ACOs to inform support and guidance to contractors (LIS work plan 2018).
- Based on the Ashridge research methodology, PSNC will provide guidance on how to run meetings with commissioners to identify and overcome barriers (LIS workplan 2018).
- Consider further research to understand the impact, priorities and directions of STPs and ACOs, as recommended by Ashridge (LIS workplan 2018).
- A survey of LPCs to assess the current level of engagement with STPS and the barriers and shared learning.

**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 Ashridge 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.

Additional PSNC activity following the Ashridge Report:

- A survey of LPCs to assess the current level of engagement with STPs and the barriers; the results will then inform further work.
- Production of a guide to community pharmacy, aimed at STP and ACOs/ACOs which will address some common barriers (LIS workplan 2018).

**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 right 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.

Additional PSNC activity following the Ashridge Report:

As PSNC resumes discussions with DHSC and NHS England PSNC will draw on identified barriers to integrated commissioning that need addressing to progress the negotiations.

**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 at that stage.

Additional PSNC activity following the Ashridge Report:

- Consider further research to understand the impact, priorities and directions of STPs and ACOs, as recommended by Ashridge (LIS workplan 2018).
- A survey of LPCs to assess the current level of engagement with STPs and the barriers and shared learning.

**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.

Additional PSNC activity following the Ashridge Report:

The focus of the 2018 LIS workplan and to a certain extent that of PSNC's Service Development Subcommittee (SDS), is support for local commissioning particularly in an STP environment. The Ashridge report was part of PSNC's discussions which resulted in that decision.

**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.

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.

Additional PSNC activity following the Ashridge Report:

- Training events and associated support material throughout 2018 on the commissioning cycle, starting with the NHS structure, STPs, ACOs and ACSs. The training will be based on working in the new commissioning environment (LIS workplan 2018).
- A new initiative for PSNC to work collaboratively with LPCs on key areas of work, particularly around local commissioning and STP development (LIS workplan 2018)
- Further work to support LPC structural development and identification of priorities to respond to STPs, ACOs and ACSs commissioning (LIS workplan 2018).
- Consideration of how local and national lobbying could help enhance engagement with STPs (LIS workplan 2018).
- Many of the other additional PSNC activities in this briefing can be cross referenced to this recommendation.

## The future of Healthcare Together – a statement from the CPSS board for NPA and PSNC

Since beginning its operations in 2016 Healthcare Together, the trading name of Community Provider Support Services Ltd (CPSS), has developed a package of services to support the setting up and running of local community pharmacy provider companies (<http://healthcaretogether.co.uk>). Established with the support of NPA and PSNC, the Healthcare Together brand is well known to LPCs and provider companies.

CPSS Ltd has two members, NPA and PSNC, each appointing three directors to the board. At a meeting of the CPSS board on 14<sup>th</sup> December 2017, the board reviewed the operations and finances of CPSS. Despite wide ranging communications and marketing of its services there has been negligible sales since the company began trading. CPSS does not believe this will change in the foreseeable future. CPSS must be a self-sustaining operation to continue.

The board agreed that the reasons for the lack of uptake of Healthcare Together services include the lack of local tendering opportunities, LPCs and local provider companies obtaining support elsewhere, and pharmacy contractors efforts directed at national services and funding.

To inform its discussion, the board considered the attached document *Sustainability of Healthcare Together – building the profitability* prepared by Head of Operations, Louise Baglole.

The board explored the options set out in the document and any possible way the company could turn around quickly to achieve sufficient sales to carry on trading. Having done so the board accepted that, based on the current model, there is no foreseeable commercial demand for the services on offer from HealthCare Together and consequently no future for CPSS. The board concluded that a different approach is needed to retain a support offering to LPCs and provider companies, which is for others to determine.

The board decided to dissolve CPSS Limited giving PSNC and NPA the intellectual property rights to CPSS materials, information and trading name should they wish to use the Healthcare Together brand.

The board decided that the dissolution will take place on 31<sup>st</sup> January 2018 to allow CPSS to attend to winding up matters, and PSNC and NPA the opportunity to discuss the possible continuity of the following services currently provided by HealthCare Together:

- Tender scanning
- Support for provider companies
- Advising LPCs on forming provider companies
- Partner advice such as HR
- Disseminating best practice
- Support for tender writing
- Business support

21<sup>st</sup> December 2017

## Memorandum of Understanding

Transfer of services from Community Provider Support Services Ltd. (CPSS) t/a  
Healthcare Together to NPA and PSNC

CPSS Ltd. was formed in 2016, trading as Healthcare Together. CPSS Ltd had two members, NPA and PSNC, each appointed three directors to the board. At a meeting of the CPSS board on 14th December 2017, the board reviewed the operations and finances of CPSS. With negligible sales since the company began trading and no indication that this would change in the foreseeable future, the board decided to dissolve CPSS Ltd. The board also decided that NPA and PSNC should be granted the intellectual property rights to CPSS materials, information and trading name should they wish to use the Healthcare Together brand.

The board identified the following services that should be transferred to PSNC and NPA for them to agree on the continuation of the services within their respective organisations: tender scanning; support for provider companies; advising LPCs on forming provider companies; partner advice such as HR; disseminating best practice; support for tender writing; business support.

In January 2018 PSNC and NPA amicably agreed that whilst the IP and CPSS products and services belong equally to the two organisations, NPA would maintain the scanning service and provide support to provider companies in the interim, pending a decision within the NPA about the long-term viability of these services. The NPA is at liberty to charge for these services and to discontinue them at any time. NPA will give notice to PSNC if any service is discontinued. Advising LPCs on forming provider companies will remain the responsibility of PSNC. The dissemination of good practice will be undertaken by both organisations within their areas of responsibilities. PSNC will also provide support through participation in meetings, and training on NHS requirements.

NPA and PSNC will re-direct to the appropriate organisation those seeking information as necessary. Both organisations are free to use other resources produced by Healthcare Together to support their areas of responsibility.

The purpose of this memorandum is to set out our intention to continue joint working in the spirit in which the agreement was made. We will liaise when necessary but based on a mutual understanding that the organisations will develop the services without the need to seek permission from the other except in exceptional circumstances. We will keep each other informed of developments and collaborate to continue the legacy of CPSS Ltd and support the community pharmacy network that we serve.

Sue Sharpe ..... Date.....

Chief Executive, Pharmaceutical Services Negotiating Committee

Ian Strachan ..... Date.....

Chair, National Pharmacy Association

### **Healthcare Together support moves to NPA and PSNC**

Community Provider Support Services Ltd. (CPSS), which has previously traded as Healthcare Together, has agreed that the work of Healthcare Together will now be provided directly by NPA and PSNC. CPSS Ltd will therefore be dissolved and PSNC and the NPA, as the founding members of CPSS, will instead work to provide and build on the support and services that were developed by Healthcare Together.

*CPSS Board Chair Liz Colling said: "Since it began operations in 2016 Healthcare Together has developed a wide range of services to support the setting up and running of local LPC supported provider companies. Those services include a national tender scanning service providing regular reports to LPCs and provider companies on tender opportunities for community pharmacy. The CPSS board agreed that to provide a sustainable future for the tender scanning and other services, the work of Healthcare Together should now continue directly through the NPA and PSNC. The board hopes that the foundations created by Healthcare Together will enable the two organisations to develop its work, further encouraging and supporting the local commissioning of community pharmacy services in the changing commissioning environment."*

For information about setting up local provider companies contact PSNC: Mike King  
mike.king@psnc.org.uk

For information about the running and support for established local provider companies contact the NPA: Gareth Jones gjones@thenpa.co.uk

## Local Provider Companies

### Introduction

1. PSNC provides guidance to LPCs setting up and working with local provider companies, as well as model articles of association for a provider company limited by guarantee and having no share capital. The model articles of association involve or envisage membership of the company by local contractors.
2. Initial work has been undertaken to seek to establish whether the model articles of association work in practice and what more PSNC could do to support LPC involvement with provider companies. In addition, there have been some specific questions from Greater Manchester LPC on its provider company.

### The reason for provider companies

3. In brief, provider companies enable local contractors, acting together, to tender more efficiently for locally commissioned services. While an LPC may be involved in developing services, it should not act as a provider of services. PSNC guidance states:

*As a representative body recognised by NHS England, LPCs cannot be a provider of services. Under the model LPC constitution an LPC may facilitate the setting up of a provider company if all contractors in the LPC area can join or otherwise engage with the company.*

*Whilst LPCs and local provider companies will liaise and support each other - the LPC promoting community pharmacy, creating commissioning opportunities, and generating and developing services – the provider company must be, and seen to be, a separate entity.*

4. In 2009, PSNC provided a template for a limited liability partnership (2009) as a suitable contracting vehicle. In 2014, in response to demand from LPCs, the model articles of association for a company limited by guarantee were developed.
5. The involvement or membership of local contractors in such contracting vehicles is relevant and important, for financing the company (after initial funding from the LPC), and delivery of the services; a provider company can bid for services only with resources and with confidence it can deliver the services.

### Enquiries

6. The PSNC office has had several discussions with LPC representatives: Lancashire LPC and North of Tyne LPC and Greater Manchester LPC (GMLPC). The provider companies for these LPCs and other LPCs have been discussed. The office has also met with the Chief Operating Officer

Of the Local Optical Committee Support Unit (LOCSU). LOCSU supports Local Optical Committees and helps community optometrists and opticians work with local commissioners.

7. The discussions suggested:

- LPCs have an important role in developing local services for subsequent delivery by contractors.
- There are various models of provider company currently being used by LPCs, some of which have LPC membership only.
- CCA companies are not as involved in provider companies as they could be – the indication being that this is due to the current structure of the PSNC model articles of association that requires membership and directors.
- The opportunities for provider companies to bid for locally commissioned services varies between areas.
- Some provider companies are successful, and some are not, regardless of structure;
- PSNC might want to evaluate in more detail the various provider company structures in use and offer more options to LPCs; or revise its current model.
- PSNC may wish to provide additional guidance notes or practical tips to help provider companies to be successful whatever the governance structure.

8. The action points from the last meeting with GMLPC representatives were broadly that:

- GMLPC should seek legal advice on its provider company which has bespoke articles of association.
- PSNC may seek legal advice on the broader issues, depending on how this is progressed by LIS and PSNC.

9. GMLPC also raised a concern that its accountable care organisation only permits representation by those who provide services, not those who represent service providers, such as GMLPC; and, therefore, whether its representation could be through its provider company.

### Conclusion

10. In brief, the PSNC articles of association work in practice, but other options may be equally suitable and potentially better at engaging all contractors, particularly members of the CCA.
11. This may be an area for PSNC to work with selected LPCs to offer options for all LPCs.
12. Any additional guidance or model structures for provider companies must ensure appropriate separation between LPCs and provider companies.



September 2017

## PSNC mentoring programme for LPCs

To provide additional support to LPC members, officers and staff, PSNC is setting up a mentoring network as part of the PSNC Leadership Academy.

The first step is to create a database of LPC mentors with the qualities to support those seeking a mentor – those mentees could, for example, be new LPC members, officers (perhaps new LPC Chairs or CEOs); and staff, for example, newly appointed LPC employees such as service development or engagement officers or LPC office administrators.

### LPC mentors

LPC mentors will be LPC members, officers and staff who can be a source of wisdom, teaching and support to those seeking a mentor; LPC mentors will offer high level guidance supporting the development of the mentee; there may also be an element of coaching offering short term help to an individual with a specific challenge or task.

A mentor is not there to tell the mentee what to do or make decisions for them – rather the mentor will offer guidance and encouragement for the mentee to learn and develop in their LPC role.

An LPC mentees may be looking for someone who: is a good listener; can give practical insights and guidance based on carrying out the role themselves; is able to offer their personal experience to help mentees avoid mistakes and learn from good decisions; is available as a resource and sounding board; they can just talk something through or get advice.

### How will the programme work?

We are looking for LPC members and employees who feel that they have experience, knowledge and skills that they are willing to share; who can demonstrate a positive attitude and act as a positive role model; who exhibit enthusiasm in their LPC work; who value ongoing learning and growth in the LPC network; can provide guidance and constructive feedback; are respected by colleagues in all levels of the LPC network and beyond and can motivate others by setting a good example.

A tall order but essentially, it's someone who has the qualities of a good role model combined with empathetic communications skills.

Whilst formal training isn't a condition of joining the mentor database, PSNC will provide links to resources on how to be a good mentor (RPS has excellent resources); offer training on coaching and mentoring; produce further podcasts on mentoring, promote and offer ongoing support to the PSNC network of LPC mentors.

Mentoring sessions can take place on an ad hoc as needed basis, at times and in ways that best suit both parties.

### **Why become an LPC mentor?**

- Being recognised as an LPC mentor will enhance even further the individual's standing and authority in the LPC network and beyond;
- The LPC mentor may benefit their own development and inspire fresh ideas by looking at their job through a mentee's eyes;
- The opportunity and satisfaction of helping a fellow professional succeed;
- A discounted place on PSNC's coaching and mentoring training course.

### **What we are looking for from mentor applicants**

- Individuals with experience and expertise in their LPC work, that they are willing to share to help others in LPCs achieve success;
- Although ideally some mentoring training, essentially, we are looking for people who have the qualities of good role models;
- A commitment to a flexible engagement with the mentee – this may be ad hoc contact with their mentee or more regular depending on the mentees needs; it may be a one off for guidance on an issue.
- An understanding that they are offering their time and expertise for free

### **Register your interest in becoming an LPC mentor**

At this stage please drop an email to [mike.king@psnc.org.uk](mailto:mike.king@psnc.org.uk) to let us know you are interested in becoming an LPC mentor with the area of LPC work you are offering your mentoring skills (LPC chair, office administrator, service development lead, marketing, for example). Also, please add if you have any mentor training such as attending PSNC's coaching and mentoring skills training course.

Before expressing an interest, we recommend listening to [PSNC's MyCoach mentoring podcast](#).

### **Next steps**

This initiative is best seen as a slow burn – an evolving and growing database which starts small and builds over time adding to all those involved. We will contact each person who expresses an interest for further details and provide resources.



**Community Pharmacy  
Cheshire and Wirral**



**Gordon Couper, Chair**

**Alison Williams, Business Support Officer**

PO Box 318, Runcorn, WA7 9DA

Tel: 07828 832782

e-mail: [alison.cpcw@gmail.com](mailto:alison.cpcw@gmail.com)



1 March 2018

Sue Sharpe  
Chief Executive Officer  
PSNC  
14 Hosier Lane  
London EC1A 9LQ  
Via email: [sue.sharpe@psnc.org.uk](mailto:sue.sharpe@psnc.org.uk)

Dear Sue

**Poor service level provided by the three national first-line wholesalers**

At the January meeting of Community Pharmacy Cheshire & Wirral LPC an independent contractor raised the issue of the ongoing poor service level provided by the three national first-line wholesalers - AAH, Alliance and Phoenix.

This concern was echoed by other members of the committee with particular concern from the independent contractors.

Almost every day, either whole daily orders are missing, some totes are missing from deliveries, some totes come without invoices and items from individual orders are missing or sent as incorrect items. This covers cold-chain items and in some cases Schedule 2 Controlled Drugs.

At a time when contractors have been forced, through cuts to remuneration, to make efficiencies in staffing and are already spending much time sourcing generic stock subject to national shortages, there is simply insufficient time to deal with the additional burden of trying to keep track of a 3rd party's shortcomings.

- 2 -

Contractors have made direct contact with the local wholesaler business managers but have been unimpressed with the response. The level of service remains of great concern.

We bring this issue to you, hoping that representations from yourself or the wider committee can lead to urgent improvements in the supply chain to our contractors.

Can you please advise us of the action that you feel able to provide in support of all contractors?

Yours sincerely

A handwritten signature in cursive script, appearing to read "Gordon Couper".

Gordon Couper  
Chair

## Update on Public Affairs Work

This report summaries the national public affairs work that has been done on behalf of PSNC so far in 2018, in line with the LIS workplan.

### Parliamentary Briefings and Activity

A large part of PSNC's Parliamentary activity in 2018 is likely to be based on the proposals for a Community Pharmacy Universal Care Framework and Care Plan. The office is currently seeking feedback on this from the other national pharmacy organisations and LPCs, with a view to engagement with Parliamentarians and others after this initial phase of feedback.

In the meantime, the focus has been on briefing MPs and Peers on the role that community pharmacies can play in reducing pressure on the NHS during winter. A briefing was prepared for Lord Clark of Windermere, ahead of a debate on NHS spending, and subsequently shared with other supportive Parliamentarians. This is now being updated to include the outcomes of the NUMSAS evaluation which we will share with supportive MPs. PSNC also responded to the Health Select Committee's inquiry into STPs, and the response can be viewed at:

<http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-and-social-care-committee/integrated-care-organisations-partnerships-and-systems/written/77287.html>

On GDPR, PSNC has co-signed two letters, one with the NPA and one with opticians and dentists, calling on Ministers to reconsider the need for all small primary care organisations to appoint a Data Protection Officer.

There have been a number of Parliamentary Questions, both written and spoken, on community pharmacy, some of which PSNC helped to draft. These have included questions on concessions and drug pricing which did not specifically mention pharmacy, as well as questions from:

- Julian Sturdy MP, on minor ailments;
- Layla Moran MP, on protecting local health services including pharmacies;
- Laura Smith MP, on the potential for reusing returned, unused medicines;
- Kevan Jones MP, on the availability of medicines and vertically integrated businesses;
- Pauline Latham MP, on plans to expand community pharmacy services;
- Kevin Barron MP, on flu vaccination uptake rates; and
- Stephanie Peacock MP, on pharmacies' contribution to the NHS, and plans to use them further.

### LPC Support

The Communications Team have continued to provide advice to LPCs hosting MP visits, and these have led to local press coverage and Parliamentary Questions, including those asked by Stephanie Peacock.

The team have updated the guidance and suggested key messages for LPCs hosting MP visits, and produced a draft communications calendar for the year plus a template press release on flu vaccinations. Draft statements following the Inside Out programme on dispensing errors and media reports about unlicensed specials and medicines shortages have also been shared with LPCs. A document with tweetable photos, videos and other content to help LPCs to engage with contractors and local stakeholders via social media, is being compiled.

## Communications Group

The Head of Communications and Public Affairs is continuing to coordinate regular phone calls and meetings of the cross-sector communications group. The group provides a useful forum to share intelligence and discuss responses to national communications issues, such as the Which? report, as well as for planning shared public affairs activities. The group met on January 15<sup>th</sup> and February 5<sup>th</sup> and considered, among other things, events and joint public affairs activity for 2018.

Recognising restrictions to events budgets this year, September's NHS Expo was considered as a possibility for joint exhibiting. The group will consider this again later in the year and all agreed to keep in touch about any developing event plans. PSNC is planning to exhibit at the RCGP Conference again, working with the other national negotiators, and the Services Team also have speaking slots at the Primacy Care Show being held in Birmingham in May. Matthew Butler, Director of the Pharmacy Show, met with the office on February 16<sup>th</sup> and has agreed to approach other Directors at Closer Still, such as those managing the Commissioning Show, about the possibility of PSNC presenting to commissioners at these.

The communications group will support the Pharmacy24 social media day to promote community pharmacy on March 29<sup>th</sup> this year, and is also considering when will be best to hold a Parliamentary briefing event in 2018 – timing may be dependent on the progress of negotiations for 2018/19. All pharmacy organisations are looking at reduced party conference spend this year, with just the NPA so far planning a fringe event at each conference. The group is also considering whether co-sponsored All-Party Pharmacy Group events at the Labour and Conservative Conferences could provide a good value way for the sector to engage with MPs this year.

## All-Party Pharmacy Group (APPG)

In December the APPG hosted its final meeting of 2017, on Sustainability and Transformation Partnerships (STPs). Witnesses and group officers discussed the involvement of community pharmacy in the local plans, as well as considering how pharmacy could be better integrated into local care planning. The discussion note was used as the basis for an APPG submission to the Health Select Committee's inquiry into STPs in January 2018.

The Group is now focusing on its next programme of work, looking at how community pharmacy could do more to help people with long-term conditions. A series of roundtable discussions are being held with MPs, particularly those involved in APPGs with an interest in specific long-term conditions, and charity groups. The intention is to hear what patient representatives and MPs would like to see pharmacies offering and to consider what obstacles there might be to that.

The first of these meetings was held on February 27<sup>th</sup>, with representatives from the British Heart Foundation (BHF), Kidney Care UK, The Dermatology Council for England and the All-Party Parliamentary Group on Liver Health. Gary Warner gave evidence for community pharmacy, highlighting the many different ways that community pharmacists do and could help people with long-term conditions.

The minutes of the meeting will be posted on the APPG website but actions for PSNC were:

- Contact the patient groups, particularly BHF and Kidney Care UK, ahead of the 2018 flu season with proposals for articles to promote the pharmacy flu vaccination service;

- Consider further communications work to promote pharmacy's role in combatting antimicrobial resistance;
- Contact Kidney Care UK and the BHF to talk about the Care Framework and Plan; and
- Consider how PSNC can respond to concerns from GPs about community pharmacy training, and the benefits of community pharmacies over pharmacists in GP practices.

The second of these roundtables is scheduled for Wednesday March 7th and will include representatives from the National Rheumatoid Arthritis Society and Age UK, as well as a number of Parliamentarians.

PSNC also met with APPG Chair Kevin Barron in January to discuss PSNC's proposals for the development of community pharmacy services – an APPG meeting on this is expected to be held later this year. And Luther Pendragon have drafted communications that LPCs can use to encourage their MPs to attend future open meetings of the APPG.

### **Wider Stakeholder and Local Authority Work**

A large part of PSNC's wider stakeholder engagement work in 2018 will focus on the promotion of the Community Pharmacy Care Framework and Plan. Key communications resources and infographics to help explain this to external stakeholders have been drafted, and this work will be considered by PSNC in a plenary discussion.

Sepsis UK has been doing a lot of public facing communications so far this year, and also commented on the launch of the Stay Well Pharmacy campaign suggesting that community pharmacists might not be qualified to identify cases of sepsis. It may be worth PSNC making contact with the charity to see if we can work together on resources that would help community pharmacy teams to be aware and identify possible symptoms of sepsis for onward referral.

The local elections in May will offer a good opportunity for local engagement with Councillors and the office has agreed to work with the NPA (and any other pharmacy organisations who wish to be involved through the communications group) on joint resources to help LPCs to make the most of this. This is likely to include flyers, a possible pledge for local Councillors to sign up to, and a presentation that LPCs could consider offering to make to Councils after the elections. The office is also creating a website page to help LPCs to engage with Local Health Overview and Scrutiny Panels, sharing resources and best practice from LPCs who have done this successfully.

## Draft STP Information Leaflet

# THINKPHARMACY

## What can pharmacy do to help transform local care?

Community pharmacies are an integral part of the NHS and have a number of priorities that map closely to the objectives of STPs.

As STPs redesign local healthcare services, shared desires to ensure that people get the most benefit from medicines, to increase self-care and improve population health and to reduce pressure on urgent care can form the basis for pharmacy to make a significant contribution to local plans.




### Pharmacy basics

- There are over 11,700 community pharmacies<sup>1</sup> in England, situated in high-street locations, in supermarkets and in residential neighbourhoods.
- 90% of the population – even those in the most deprived areas – can walk to a community pharmacy in 20 minutes.<sup>2</sup>
- 84% of adults visit a pharmacy every year.<sup>3</sup>
- Excluding those who report never visiting a pharmacy, on average an adult visits a pharmacy 16 times a year, of which 13 visits are for health-related reasons.<sup>3</sup>
- An estimated 1.6 million visits to community pharmacies take place daily of which 1.2 million are for health-related reasons.<sup>3</sup>
- Pharmacies provide a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service.
- Most pharmacies (over 90%) have private consultation areas.<sup>4</sup>
- Of all health professionals, pharmacists have the most comprehensive education and training in the use of medicines for the prevention and treatment of disease.

### The shared STP – community pharmacy agenda

#### Optimising use of medicines

Community pharmacists are experts in medicines and through national services improve medicines adherence for many patients. But they could do more for people with long term conditions, developing care plans with patients and helping them to monitor and manage conditions, freeing up GP time and improving health outcomes.

#### Increasing self-care and improving health

Community pharmacies have a track record in helping people to manage minor health conditions and in delivering services that help people improve their health.

#### Reducing pressure on urgent care

Up to 8% of A&E consultations are for minor ailments.<sup>5</sup> Community pharmacies can offer a first port of call for healthcare advice, and can also help make patients' transfers back home from hospital safer, providing better continuity of care and reducing the risk of readmission.

Visit [psnc.org.uk/commissioners](https://psnc.org.uk/commissioners) for more information on community pharmacy services



# THINKPHARMACY

## Increasing self-care and improving population health

Community pharmacies can provide a growing range of public health services (see below) that are producing positive outcomes, notably for people in deprived or vulnerable circumstances.

As community pharmacies are uniquely well positioned to reach out to the population – including ‘apparently well’ people – on a large scale, there is considerable public health benefit to be gained by extending the range and reach of these services.

A concept that’s building momentum is the ‘Healthy Living Pharmacy’, which brings together a number of these public health services in one location. More than 8,300 pharmacies (71%) are now accredited as a Healthy Living Pharmacy.<sup>6</sup>

## Optimising use of medicines

Community pharmacies provide a range of services to help people manage and get the most from medicines:

- Support with re-ordering repeat medicines / the NHS Repeat Dispensing service;
- Home delivery of medicines to the housebound;
- Appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people remember to take their medicines;
- Medicines Use Reviews (MURs), in which the pharmacist conducts an adherence focussed medicines review with the patient; and
- The New Medicine Service (NMS), which is designed to improve patients’ understanding of a newly prescribed medicine for a long term conditions.

MURs and the NMS could both be developed further to allow pharmacies to do to more improve adherence.

## Reducing pressure on urgent care

Community pharmacies should be at the heart of local urgent care pathways, offering advice on symptoms and medicines to reduce burden on GPs and hospitals.

One way in which community pharmacy can help is by providing urgent supplies of prescription medicines to patients who have run out. NHS 111 receives more than 18,000 calls per year from patients needing such supplies.<sup>7</sup> Community pharmacy supplies are 37 times more cost effective than out of hours services<sup>8</sup>, and can prevent patients from visiting GPs or A&E for supplies.

Pharmacies could also help patients to return home safely after discharge from hospital, helping to reduce the more than one million people who are readmitted to hospital within 30 days each year.<sup>9</sup> Follow up consultations with pharmacists can help reduce readmission rates – one service led to a 37% reduction in readmissions.<sup>10</sup>

Community pharmacies can also help to reduce the need for hospital admissions, for example offering advice to people who may be at risk of a fall or providing flu vaccinations. Community pharmacies have vaccinated more than one million people against flu this season<sup>11</sup>, and 99% of people receiving their NHS flu jab in a pharmacy would recommend it to others.<sup>12</sup>

## Examples of locally commissioned community pharmacy services

**Substance misuse services:** needle and syringe services; supervised consumption of medicines to treat addiction, e.g. methadone; Hepatitis testing and Hepatitis B and C vaccination; HIV testing; provision of naloxone to drug users for use in emergency overdose situations.

**Sexual health services:** emergency hormonal contraception services; condom distribution; pregnancy testing and advice; Chlamydia screening and treatment; other sexual health screening, including syphilis, HIV and gonorrhoea; contraception advice and supply (including oral and long acting reversible contraception).

**Stop smoking services:** proactive promotion of smoking cessation through to provision of full NHS stop smoking programmes.

**NHS Health Checks for people aged 40-74 years:** carrying out a full vascular risk assessment and providing advice and support to help reduce the risk of heart disease, strokes, diabetes and obesity.

**Weight management services:** promoting healthy eating and physical activity through to provision of weight management services for adults who are overweight or obese.

**Alcohol misuse services:** providing proactive brief interventions and advice on alcohol with referral to specialist services for problem drinkers.

**Vaccination services:** providing continuity of dispensing of essential medicines, provision of antiviral medicines; vaccinating against diseases such as shingles and pneumonia.

Specific examples of commissioned local community pharmacy services can be found at: [psnc.org.uk/database](https://psnc.org.uk/database)

For more information on pharmacy services, visit [psnc.org.uk/commissioners](https://psnc.org.uk/commissioners) or contact your Local Pharmaceutical Committee; details can be found via [lpc-online.org.uk](https://lpc-online.org.uk)

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