PSNC Service Development Subcommittee Agenda

for the meeting to be held on Tuesday 8th May 2018

at the Mercure Bristol Holland House Hotel

commencing at 11am

Members: 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 13th March 2018 are set out in **Appendix SDS 01/05/18** 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 March meeting of the subcommittee, further work has been undertaken, including in a meeting of the New Funding Models Working Group, to refine the proposals for the Universal Community Pharmacy Care Framework. Draft descriptions of the elements of the care framework were considered by the working group and these will be further developed prior to the next meeting of the group, when the focus will turn to assessing the value of each element to patients and the NHS.

The proposals were also discussed at the national meeting of LPCs on 21st March 2018 and a summary of the feedback from the table discussions at that event is set out in **Appendix SDS 02/05/18** for review.

The outline proposals for the framework and the Community Pharmacy Care Plan (CPCP) service have been published on the website, so contractors, their teams and wider stakeholders can consider the proposals and provide feedback. The proposals were also discussed at a recent meeting with the RCGP and a meeting with the RPS has been held to discuss collaborative lobbying to support the proposals.

Subcommittee Action:

- Review the feedback from the national meeting of LPCs; and
- 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 pharmacy teams and patient groups.

Report: Transitional arrangements for the CPCF in 2018/19

Since the last meeting of the subcommittee, a significant amount of work has been undertaken with NHS

England, to agree the fine detail of the revised Quality Payments Scheme (QPS) arrangements and their implementation. We have also supported the development of NHS England's revised guidance for contractors, revised NHS Choices guidance and revised Directory of Services guidance. PSNC's existing QPS guidance and resources have also been revised; the LIS agenda contains details of the revised and new resources which have been developed.

A meeting has been scheduled with NHS England and NHS Digital to discuss what can be done to support greater use of the NHS Summary Care Record (SCR) in community pharmacies. PSNC will discuss this issue with the LPCs and a sample of community pharmacists and pharmacy technicians to try to identify any barriers to use of SCR which could be tackled. Any feedback from Committee members on this issue would also be gratefully received.

Subcommittee Action:

- Provide feedback on barriers to use of SCR and any potential solutions; and
- 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

aTIV

On 29th March 2018, NHS England issued further guidance to pharmacy contractors and general practices on ordering the adjuvanted Trivalent Influenza Vaccine (aTIV) for the 65 years and over cohort of patients and the phasing that will apply to deliveries of this vaccine. At the request of PSNC, the deadline for orders to be placed was extended by Seqirus, the manufacturer of aTIV.

The NHS England guidance did not provide all the detail that had originally been expected to be included, so a PSNC Briefing was issued, containing the key information required by contractors (PSNC Briefing 018/18 Flu Vaccination Service 2018/19 – important update for contractors).

A series of meetings has been arranged with DHSC, NHS England, PHE and the GP Committee of the BMA to discuss the practical implications of the phased supply of aTIV, to develop guidance for general practices and pharmacies and the communications which are required for the professions and patients.

Targeting of the vaccine to the highest risk patients will initially be required in September and this will present logistical challenges for pharmacy teams and general practices alike. The best solution to support this targeting may necessitate coordination of activity by LPCs, LMCs and CCGs; this may also present an opportunity to develop a more collaborative approach to flu vaccination between the two professions.

A verbal update will be provided on the discussions at the first meeting and the subcommittee is asked to consider the options for the targeting of vaccinations in September.

Changes to the flu vaccination service

In the negotiations held in January 2018, NHS England agreed to consider several changes to the service proposed by PSNC. Discussions have continued with NHS England on these matters and an initial response has been received, a summary of which is set out in **Confidential Appendix SDS 03/05/18** for review.

The current draft standalone consent form is also included in the appendix. An alternative approach would be for the patient to sign a form to confirm they had been vaccinated. The subcommittee is asked to consider whether a consent form, normally signed prior to vaccination, is a better option than a form

which the patient would sign to confirm they have been vaccinated, which would be completed after the vaccination.

Subcommittee Action:

- Review the initial response from NHS England on PSNC's proposed amendments;
- Consider whether a consent form or a confirmation of vaccination is the best approach; and
- 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, the final review of the minor ailments toolkit has been undertaken and the toolkit has been published on the website. The draft stop smoking toolkit is now ready for internal review and this will be emailed to SDS members ahead of the subcommittee meeting, to allow them to review the toolkit and provide feedback at the meeting. The feedback will be used to create a second iteration of the toolkit, which will then be issued for review by LPCs and other stakeholders

Development of a toolkit to support commissioning and implementation of post-hospital discharge support services is now underway. Collaborative work with volunteer LPCs to develop a CVD Prevention and Case Finding toolkit (NHS Health Check, type 2 diabetes, Atrial Fibrillation and Hypertension) will commence this month.

Subcommittee Action:

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

Next Steps:

- 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 a CVD Prevention and Case Finding toolkit.

Report: Research

Dr Nicky Hall is continuing her research on the views of GPs on remote pharmacy service provision. The HSRPP poster, which summarises the initial findings from this study was circulated by email to Committee members on 14th April 2018.

Nicky is also:

- 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.

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.

Subcommittee Action:

- Raise any matters they would like the Community Pharmacy IT Group to consider at its next meeting on 5th June 2018.

Next Steps:

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

Any other business – for action

GPhC consultation on the education and training standards for pharmacist independent prescribers

The General Pharmaceutical Council (GPhC) is consulting on standards for the education and training of pharmacist independent prescribers. A summary of their proposals is set out in **Appendix SDS 04/05/18** and the subcommittee is asked to consider the points which should be included in PSNC's response to the consultation.

Review of CPPE

The Centre for Pharmacy Postgraduate Education (CPPE), hosted by the University of Manchester, operates under a contract with Health Education England (HEE). The contract is coming up for its regular review and HEE has set up a task and finish group to develop and assess options for how the next five-year contract could operate. These options will then form the basis of recommendations to the HEE Contract Management Committee. Alastair Buxton will represent PSNC on the task and finish group.

The subcommittee is asked to provide feedback on the current CPPE service and how it could be developed; a similar request has been made to the LPCs.

Any other business – report

Consultation responses

Following discussions at the last meeting of the subcommittee, the following consultation responses have been drafted and submitted:

Response to Facing the Facts, Shaping the Future: A draft health and care workforce strategy for England to 2027
Response to Conditions for which over the counter items should not routinely be prescribed in primary care: A consultation on guidance for CCGs
Response to the RPS consultation on the statement on the role of the pharmacist

Pandemic Flu planning

NHS England recently initiated discussions with PSNC about planning for a flu pandemic. This follows the previous work which was undertaken to agree a service specification for community pharmacies to act as

antiviral distribution points during a pandemic. A verbal update on the discussions will be provided at the meeting.

Prescribing guidance for minor illness

Following the previous public consultations, NHS Clinical Commissioners and NHS England published the following guidance to CCGs on 29th March 2018:

> Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs

This recommends that certain minor health conditions which are either "self-limiting" or suitable for "self-care" should no longer be treated by the issuing of prescriptions in primary care. The guidance focuses on stopping prescribing:

- for the management of a self-limiting condition, which does not require any medical advice or treatment as it will clear up on its own, such as sore throats, coughs and colds;
- for the management of a condition that is suitable for self-care, which can be treated with items that can easily be purchased over the counter from a pharmacy, such as indigestion, mouth ulcers and warts and verrucae; and
- vitamins, minerals and probiotics as they are items of limited clinical effectiveness.

The guidance applies to all patients, including those who would be exempt from paying prescription charges, unless they fall under the exceptions outlined in the document. The exemptions include:

- people with long-term or more complex conditions, who will continue to get their usual prescriptions;
- patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability; these patients will continue to receive prescriptions for over the counter items subject to the item being clinically effective;
- self-limiting conditions, where symptom relief may be required, the general exceptions will only apply where the prescription is for an over the counter item that is clinically effective; and
- for vitamins, minerals and probiotics, only the condition-specific exceptions will apply.

The guidance is for CCGs to support the NHS's wider ambition to ensure greater value is achieved from the annual medicines bill, to support promotion of self-care where possible for minor conditions and highlight the alternatives to making a GP appointment or taking a medicine. Individual CCG boards will determine the timescale for decision and implementation in their local areas during 2018. A range of national resources will be developed to support local implementation.

Further information is available on the NHS England website.

Revised NUMSAS guidance

Following NHS England's decision to extend the duration of the NHS Urgent Medicine Supply Advanced Service (NUMSAS) pilot, they undertook a review of their previous guidance for pharmacy teams. A draft of the revised guidance was shared with PSNC for comment and a thorough review of the document was undertaken and feedback was provided to NHS England. The revised guidance was published by NHS England on 12th April 2018.

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 30th April 2018 is set out in **Appendix SDS 05/03/18** for information.

PSNC Service Development Subcommittee Minutes

for the meeting held on Tuesday 13th March 2018

at 14 Hosier Lane, London, EC1A 9LQ

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

In attendance: Zainab Al-Kharsan, Alastair Buxton, Sir Mike Pitt, Janice Perkins, Helen Musson, Vicki James, Fin McCaul, Jay Patel, Gordon Hockey, Stephen Thomas

Apologies for absence

None.

Minutes of previous meeting and matters arising

The minutes of the meeting held on 10th January 2018 were approved.

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

The information in the agenda was noted and the subcommittee agreed the proposed next steps. Gary Warner provided an overview of discussions with DHSC and other stakeholders.

Report: Transitional arrangements for the CPCF in 2018/19 (Confidential)

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

Report: 2018/19 Flu Vaccination service

The information in the agenda was noted and the subcommittee agreed the proposed next steps. No response had been received from NHS England on the outstanding matters discussed at the meeting on 8th February. A teleconference with NHS England and the GPC is to be held on Wednesday afternoon so that NHS England can provide an update on the situation with the supply of Fluad.

Improving working relationships between community pharmacy and general practice regarding this service was discussed and it was noted that Community Pharmacy Wales had previously agreed a joint statement with the GPC in Wales.

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

Report: Service support toolkits

The information in the agenda was noted and the subcommittee agreed the proposed next steps. Vicki James provided an update on the service toolkits. The Minor Ailments Service Toolkit has had a change in focus, so it is now more focussed on PGD-based services and it highlights the Community Pharmacy Referral Service in the North East. The Stop Smoking Service Toolkit is complete, bar the business case; once completed, this will be sent to SDS members for review.

Vicki James also provided a verbal update on the LPC survey results which asked questions about local

service developments and prioritisation for joint working between the LPCs and PSNC. The survey results included:

- The top services the LPCs want to develop toolkits on: Hospital to Home discharge service, cardiovascular disease prevention and case finding, minor illness service (based on the North East model), long term conditions and respiratory services which includes COPD;
- Other services not on the list: Support for care homes & cancer screening;
- Harnessing LPC members with specific service expertise: For the top five services, several LPCs expressed a willingness to get involved in working groups. There were a few services with no LPCs wishing to work on them, but they were the lower ranked services which would be a lower priority to develop;
- LPCs willing to lead on a specific toolkit – leads have come forward for eight of the services; and
- Other matters to be considered: Some LPCs identified having no resource and time to support service development. A few LPCs suggested cross-sector working and bringing in hospital pharmacists and other healthcare professionals to give their input.

Report: Research

The information in the agenda was noted and the subcommittee agreed the proposed next steps. This prompted a discussion on patient safety incident reporting, including the importance of pharmacy teams recording and reporting the prescribing errors they identified.

3 Ensure community pharmacy IT infrastructure meets the needs of contractors

The information in the Community Pharmacy IT Group agenda was noted. Alastair Buxton noted that the group is starting to make some progress with the PMR companies on some topics that have been a concern for contractors for a long time, such as having a standardised way in which data can be extracted from PMR systems.

The discussions on FMD, at both the Community Pharmacy IT Group and the UK FMD Working Group were noted. PSNC could now start work to assess the cost of implementing FMD, as several standalone system suppliers had been identified and the PMR system suppliers were also all committed to developing systems by February 2019 and sharing pricing information with PSNC.

Any other business – for action

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

The subcommittee discussed the draft statement and provided the following feedback:

- It is not clear who the audience is for the statement and without this it is difficult to shape a response to the consultation. A statement to explain to the public the role of pharmacists would be helpful;
- It is not aspirational enough or future-proofed and the wording may be too pharmacy-centric, for people outside the profession to fully understand it. The statement does not clearly articulate the role of the pharmacist in direct provision of care and the public health role of the pharmacist is not clearly described; and
- The statement doesn't seem to envisage that the pharmacist has a role in the actual supply or supervision of supply of medicines.

A response will be provided to the RPS.

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

Helen Musson summarised the key points in the document which were relevant to community pharmacy. The subcommittee discussed the points to be included in a response to the consultation. A response

would be submitted by the office, highlighting the wider role of community pharmacy now and that envisaged in the future, which does not seem to be present within the thinking of HEE.

Collaborative work on blood pressure

The information in the agenda was noted and the subcommittee provided comments on the proposed actions. The focus should be on increased identification of people with raised blood pressure, rather than diagnosis; this should be a properly commissioned service. Such a service should also include the identification of undiagnosed AF. Gary Warner noted that GP colleagues may not be happy about pharmacies sending them more patients to manage; community pharmacy should be treating and managing those that they identify. There is also a potential role for de-prescribing for community pharmacy in blood pressure management, when non-adherence is successfully tackled.

Pre-registration trainee pharmacist post funding for joint placements with GP practices

The information in the agenda was noted. Concern about the proposals had been raised with a regional representative by several contractors. The subcommittee discussed the approach and did not agree that it was a matter for concern, as a hybrid pre-registration training model could support the development of pharmacists that would be well placed to provide the future community pharmacy services which PSNC wished to see developed.

Any other business – report

Publication of MUR and NMS quarterly data

The information in the agenda was noted. The usefulness of the publication of this data was questioned, but Alastair Buxton noted that the data would be useful to PSNC and LPCs in discussions with stakeholders, for example on the volume of MURs provided to specific patient groups and the number of public health interventions made. The data would also allow contractors to compare their practice with that of others, which may result in reflection on practice.

The information in the agenda on the other matters of report was noted.

Summary of feedback from the table discussions on the care framework at the national meeting of LPCs

Focussing on the Universal Community Pharmacy Care Framework…

1. **Are there any elements you would remove, amend or replace?**
    - Waste – change what is proposed to focus on not dispensing items that are not needed by the patient, so that patients are not discouraged from returning waste medicines to pharmacies or pushed to disposing of medicines inappropriately. Review at the point of return is too late;
    - Improve integration between community pharmacy and general practice;
    - Ensure there is no duplication of work across community pharmacy and general practice;
    - Concern over challenging antibiotic prescribing – like idea of advising patient at first contact before they get to the doctor;
    - Part of support for patients should also include support for family/unpaid carers, e.g. children/grandchildren etc.;
    - Introduce independent prescribing as an earlier part of this new framework, focussing on urgent care and/or prevention;
    - Alignment with local services, so the risk of services being decommissioned is minimised;
    - Move away from unstable cash flow that results from the purchase margin model; and
    - No mention of MECC.

2. **What are the gaps in the proposals? How would you fill in the gaps?**
    - There must be adequate funding for this agreed pathway;
    - Workforce planning;
    - Integrated IT systems – should capture evidence;
    - Look at the New Zealand model – to make benefits from the 'bricks and mortar' pharmacies rather than internet pharmacies;
    - Should be a 'push' service – GPs should pass on 'care plan' to community pharmacies to implement with patients;
    - Add return of sharps to the framework;
    - Patient registration – needs to be formalised;
    - Would telephone/remote models threaten the network?
    - Secondary care pharmacists need to be engaged with;
    - Doesn't address GP workload and urgent care capacity; and
    - Do we want to move away from the Declaration of Competence model?

3. **Which elements of the proposals would you prioritise for final implementation and why?**
    - Clinical safety;
    - Transfer of care (using PharmOutcomes) – MUR & NMS type support;
    - Healthy living advice;
    - Ascertaining the patient's need for a repeated medicine;
    - NMS – immediate – already in place; and
    - Public health priorities: prevention/screening, falls, AF.

4. **What are the barriers to implementation and what could help contractors to overcome them?**
    - Effective leadership & training;
    - Sustainability of leadership & coaching;
    - IT infrastructure & PMRs need to be more functional;

- Negotiations between BMA & PSNC to align working between both contracts;
- Regulations around supervision - Second pharmacist in each pharmacy?
- Funding & staffing levels – no costing;
- Read/write access to records;
- Consent requirements – removal of consent eases process;
- Local flexible approaches to meet local needs;
- Any professionals liability issues?
- What referral mechanisms will be in place?
- Destabilisation of market entry and funding cuts;
- Three-year plan of what funding is going to look like and provide a staffing model; and
- Risk of decommissioning local services due to overlap with the national framework.

5. **What can LPCs do now and in the future to support contractors with these new ways of working?**
    - Training, mentoring & upskilling;
    - Ask contractors what is needed from the LPC;
    - CCA contractors versus independents – same needs?
    - Walk in my Shoes approach?
    - Collaborative working with Health Education England and other stakeholders;
    - Support for eRD – GPs to be 'encouraged'; and
    - Consultation pack to use with contractors to ascertain needs.

GPhC Consultation on education and training standards for pharmacist independent prescribers

Introduction

GPhC is consulting on standards for the education and training of pharmacist independent prescribers.

https://www.pharmacyregulation.org/PIP_consultation

In their consultation document, they recognise that in the last five to six years the demand and opportunities for pharmacist independent prescribers have grown more quickly. This is reflected in national pharmacy policy initiatives and in the number of pharmacists applying to train as independent prescribers.

Consultation

Three key changes to the education and training of pharmacist independent prescribers are proposed in the consultation:

1. **Revising the entry requirements for training**

The proposal is to remove the two-year time requirement that currently requires course applicants to have worked in a clinical area for two years before training to prescribe in that area. GPhC state that this will be replaced by an effective, but not burdensome, application process in which an applicant's experience is verified to ensure that they are ready to train.

2. **Introducing learning outcomes**

Learning outcomes for the revised standards have been developed which emphasise outcomes rather than inputs (for example, hours of study). The learning outcomes describe the knowledge and skills a trainee will have on successful completion of a course. There will be no detailed syllabus produced. The learning outcomes are general, not specific, and the knowledge and skills in them can be applied in any prescribing area.

3. **Introducing "designated prescribing practitioners"**

Currently, only doctors can formally supervise trainees as designated medical practitioners (DMPs). It is proposed that in future, pharmacists training to be independent prescribers could also be supervised by experienced pharmacist prescribers and other experienced prescribers.

This change has already been consulted upon by GPhC and in PSNC's response to that consultation, we supported the proposal. In recognition of this change, it is proposed that the DMP title is changed to Designated Prescribing Practitioner (DPP). The requirements of the role will not change and the DPP will need to have the necessary skills and experience to be able to effectively supervise, assess the competence of, and sign off a trainee.

An accompanying evidence framework will be developed to provide more information on the standards for course providers. It will include information on:

- some of the learning outcomes, especially those that are more open to interpretation than others;
- entry requirements, including examples of quality criteria; and
- selecting and quality assuring designated prescribing practitioners.

PSNC's response

- The proposals put forward are based either upon evidence or feedback and seem reasonable;

- The learning outcomes are general, strategic and have a focus on protecting patients' interests;
- It is suggested that subject to any gaps or any suggested changes that are identified by the subcommittee, PSNC respond to support the proposals.

Hospital to Home Pharmacy Reference Group Highlight Report

Pharmacy Urgent Care Highlight Report

April 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, it is currently in its 17th week of activity.
- 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)
- The NHS Directory of Services was successfully upgraded to v4.6 successfully last Wednesday 21st March without issue
- Stay well pharmacy Campaign ended 31 March 2018

Key achievements and completed actions

NHS Urgent Medicines Supply Advanced Service (NUMSAS)
- 3787 Pharmacies signed up to deliver NUMSAS at 26 March 2018
- 35% of all urgent medicines requests to NHS 111 are referred to NUMSAS
- 91% patient satisfaction rate for those responding to the survey
- 52747 items supplied under the pilot up to 31 January 2018 (latest NHS BSA report)
- Amended NUMSAS service specification and Directions published and shared with professional bodies and contractors

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. Over 4700 referrals made into the project since Dec 4th (until 27th February 2018)
- Evaluation to be externally procured through Pharmacy Integration Fund.
- Clinical governance agreed and signed off with North East Ambulance Service
- Over 380 pharmacies signed up to provide the service across the North East.
- Patient satisfaction scores are high

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
- Stay well launched . Good media coverage throughout campaign.

Improving Pharmacy DoS profiles
- DoS User Acceptance Testing DoS v 4.6 in Exeter – 12-15 March
- NUMSAS animation script has been drafted and reviewed by call centre supervisors and DoS Leads.
- February 2018 Urgent Repeat Prescription referral data shows NUMSAS referrals as a % of total referrals for urgent repeat medication at 43% nationally and GP OOH referrals at 44%.
- Ongoing developments to DoS Profile Updater following user engagement: (1) User verification using NHS Mail; (2) Change request process; (3) DoS profiling research to understand why profiling differences exist.

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 380 pharmacies
- Possible provision of training for pharmacy teams in May/June 2018
- Possible addition of referrals from General Practice

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

Stay Well Pharmacy
- Evaluation to take place

Pharmacy DoS improvement
- Focus on NUMSAS frequent flyers and GP OOH switch off for repeat prescription dispositions
- Service Finder (or other search tools) in Community Pharmacies
- NHSmail migration project collaboration
- Production of NUMSAS animation for call handlers by communications team.
- Planning the production of NUMSAS animation for pharmacists
- Final sign off and publication of 'The role of the DoS in managing major incidents' report
- Work with Intelligent Data Tool (IDT) team to refine the pilot NUMSAS data dashboard
- IDT Webex training sessions for DoS Leads

Pharmacy Urgent Care Highlight Report

April 2018

Milestone	Due date	Prior RAG	New RAG	Comments
NUMSAS	30/09/18			Service end date
111 Community Pharmacy Referral Service	30/09/18			Service end date
Stay Well Pharmacy Campaign	31/03/18			Campaign end date
Quick Guide: Discharge Medicines Optimisation Toolkit	31/03/18			Supports DTOC, need to link with other work and identify sponsor.
Pharmacy DoS profiles up to date.				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