PSNC Service Development Subcommittee Minutes

for the meeting held on Tuesday 10th July 2018

at Crewe Hall, Weston Road, Crewe, CW1 6UZ

Present: Richard Bradley, Sunil Kochhar, Prakash Patel, Faisal Tuddy, Gary Warner (Chairman)

In attendance: David Broome, Mark Burdon, Alastair Buxton, Peter Cattee, Mike Dent, Marc Donovan, Simon Dukes, Jessica Ferguson, Sam Fisher, Jas Heer, Gordon Hockey, Tricia Kennerley, Mike King, Andrew Lane, Zoe Long, Fin McCaul, Garry Myers, Bharat Patel, Indrajit Patel, Jay Patel, Sir Mike Pitt, Adrian Price, Sian Retallick, Suraj Shah, Stephen Thomas.

Appointment of Vice-Chairman

The Chairman reported that Clare Kerr was happy to be re-appointed as Vice-Chairman of the subcommittee; the subcommittee agreed to that proposal.

Apologies for absence

Apologies for absence were received from Clare Kerr.

Minutes of previous meeting and matters arising

The minutes of the meeting held on 8th May 2018 were approved.

Review of the subcommittee's remit

The subcommittee reviewed its remit and did not suggest any changes.

Agenda and Subcommittee Work

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

Action: Re-commissioning of NUMSAS

The subcommittee considered potential changes to the service requirements or design to make it a more efficient service, noting the helpful feedback that been received from LPCs on the Gaggle group (see Annex). If PSNC members would like to be part of the Gaggle group they are very welcome to do so and should contact Mike King.

The subcommittee also noted that the service was not one which PSNC had agreed, but the focus of this conversation is operational improvements rather than funding. Funding would however be picked up in any discussions with DHSC and NHS England. The Chairman noted the very positive impact that the service is having for those patients who need it, and the important work that pharmacies are doing to ensure that this happens.

The following points were agreed:

- We should push for an IT solution for pharmacies to be provided, to include the functionality for digital referrals to be made from NHS 111;
- A walk-in approach to the service would be beneficial; and
- We would like to extend the service to include referral from settings other than NHS 111 but recognise the need to ensure that the business case for the service still remains strong.

The need for NHS 111 processes to be as streamlined and effective as possible, and for call handlers to be well trained to refer people to the service, was also noted.

Report: Proposals for a services-led contract

The information in the agenda was noted and the subcommittee agreed the proposed next steps. Following feedback from the GPC, the subcommittee agreed the removal of the element of the CPCF development proposals related to challenging antibiotic prescribing which was not in line with local formularies.

Report: Transitional arrangements for the CPCF in 2018/19

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

Report: Flu Vaccination service

2017/18 Patient Questionnaire results

The information in the agenda was noted. The Chairman noted that it is very positive that NHS England had felt willing to share the results with PSNC and that this was a testament to the strong working relationships that the team had built up. The Subcommittee praised the exceptionally positive results delivered by contractors and their teams.

Competency requirements

The information in the agenda was noted.

Adjuvanted Trivalent Influenza Vaccine (aTIV)

The information in the agenda was noted and an update on the calls with the aTIV working group was given. Guidance for GPs and pharmacies is being written and this will advise on targeting, but also that no patients should be turned away if the appropriate vaccine is available. This will be supported by the national campaign which will advise patients to get vaccinated between September and November, rather than the usual 'as early as possible' message. There will also be a need for good local communications.

Changes to the flu vaccination service

The information in the agenda was noted and the Chairman was positive about the proposed extension of the eligible groups. The issues with the internal review by NHS England's Burden Assessment and Advice Service of the patient questionnaire had not been resolved.

Consent form

The information in the agenda was noted.

Payment claims

Alastair Buxton updated the subcommittee on the latest discussions with the NHS BSA and NHS England. The NHS BSA did not wish to invest money on the development of an electronic claims system if a paper claiming option was still available, as it was likely that many contractors would opt not to use the new digital approach. Running a paper and digital solution side by side would require two teams to be involved in the processing of claims, which would add to costs. It was also likely that the NHS BSA would not have time to develop the system by September 2018. For these reasons it was initially decided that a paper claims process would continue to be used in 2018/19.

The NHS BSA subsequently reviewed their decision not to invest in an electronic claim system, and concluded that they would after all develop an electronic system for 2018/19. It is expected that this is a transitional solution for this year, because next year flu submissions should be added to the wider NHS BSA Manage Your Submission system.

Digital transfer of information to general practices
The information in the agenda was noted. It is uncertain whether the tactical solution will be implemented this year, as this relies on all the GP system suppliers to make changes to their systems. This may be possible by October, but there is a risk that this may not be achieved. A substantive solution is to be developed for implementation in 2019/20, which will allow data on vaccination to be inserted directly into the patient's GP-held record.

Vaccination dataset
The information in the agenda was noted.

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.

Report: Research
The information in the agenda was noted and Alastair Buxton gave a summary of proposed research which would investigate what patients think about seeing pharmacists for clinical consultations rather than GPs and whether there are any tipping points at which seeing pharmacists becomes acceptable for patients. The subcommittee agreed that subject to capacity, this should be taken forward.

3 Ensure community pharmacy IT infrastructure meets the needs of contractors

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

Report: EPS Phase 4 (Confidential)
The information in the agenda was noted.

Report: Real Time Exemption Checking (RTEC)
The information in the agenda was noted and an explanation of how the system is intended to work in pharmacies was given by Alastair Buxton.

Concerns were expressed about the impact this would have on top of other matters impacting on pharmacy workflows such as FMD; the timing of implementation within individual pharmacies would therefore be a potential operational challenge. This point will be raised in discussions with NHS England and DHSC.

Any other business – for action

National clinical audit
The information in the agenda was noted and Alastair Buxton was thanked for his excellent work to develop the audit. The subcommittee agreed the proposed next steps.

Pandemic flu planning
The subcommittee and wider Committee were asked for volunteers to work as part of a virtual working group on extreme pandemic flu planning. Please email Alastair Buxton if you are interested in joining this.

Any other business – report

Consultation responses

The information in the agenda was noted.

Annex

Feedback from the LPCs on NUMSAS

- **Should remain as a national service:**
  - If locally commissioned, DoS information won't be shared which presents challenges if patients access the service across different boundaries.
  - Service consistency.

- **Removal of the NHS 111 point of entry** – risk of triage to OOH etc. due to algorithm 'fail'. NUMSAS should allow:
  - **Walk-in access**
  - Walk-in access with community pharmacy contacting NHS 111 via backdoor function.
  - Fast-track disposition to community pharmacy.
  - One LPC said it was important to restrict access to demonstrate channel shift.
  - **NUMSAS needs to expand to accept referrals from other NHS organisations e.g. GPs, A&E and urgent care.**

- **General issues with the service**:
  - **The payment to the contractor does not reflect the value of the service.**
  - **'frequent flyers' - high service users requesting medicines that are addictive in nature.**
  - Local issues due to sick leave: some pharmacies have signed up for NUMSAS but still have not been activated; lack of clear communication; multiple head offices signing up centrally and not making local pharmacies aware. LPCs need a better dataset on a regular basis to monitor and address issues.
  - The current service is **cumbersome** for the system. The contractor signs up on the BSA website, NHS England picks up the message from the BSA. NHS England informs the NHS 111 local DOS lead, who profiles the pharmacy and tests the messaging works with the pharmacy. The DOS lead then informs NHS England who then inform the pharmacy they are ready to go! This process can take months.
  - **Lack of advertising is an issue – people will simply turn up to A&E or OOH as they are unaware of NUMSAS.**
  - Contractor apprehension about service sign-up due to lack of information on NUMSAS long-term future.
  - Some patients are referred to the in-house NHS 111 pharmacist when they could be sent to community pharmacy.

- **Staff training/contractor support:**
  - Locums being unaware of the service.
  - Difficult for our LPC to support pharmacies and work out what's happened when things go wrong due to lack of information on contractor sign up etc. and it has taken a while to obtain information and contacts/networks with NHS England, DoS leads etc.

- **Stakeholder issues:**
  - CCGs and urgent care boards not being informed about NUMSAS and its outcomes – need to share outcomes with them regularly.
  - **Local commissioners can influence the prioritisation of local CAS offerings, which**

results in several calls that should have ended with NUMSAS going through CAS and generating faxed prescriptions.

- **IT:**
  - **PharmOutcomes process could be simplified.**
  - National digital solution for recording, reporting and claiming.
  - With local PURM services, PharmOutcomes identifies frequent flyers, even if it's a different pharmacy.
  - **Pathways to GP/OOH can be unclear and customer / pharmacy are left to sort this out.**
  - Issues with NHSmail address, particularly when pharmacist moves on.
  - Will the NHS app be a portal into NHS 111 for NUMSAS?
  - Community pharmacy has to be integrated within NHS 111 for not just NUMSAS but for as many services as possible – DoS should be more sophisticated and include more services.
  - **The service needs to be integrated in such a way that when a pharmacy cannot supply (e.g. controlled drugs or the requested item is not a repeat medication) a message, preferably electronic can be sent back to NHS 111.**

- **Issues with NHS 111 call handlers:**
  - Don't always refer to CP – often see a spike in referrals post-training.

- **Surveys/questionnaires/research:**
  - Should be utilising the rich data from the service and analyse it to identify common trends.
  - Increasing number of surveys but not much quantitative or qualitative feedback.