

**Minutes of the PSNC Service Development Subcommittee meeting
held on Tuesday 9th October 2018
at Swindon Marriott Hotel, Pipers Way, Swindon, SN3 1SH**

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

In attendance: David Broome, Mark Burdon, Alastair Buxton, Peter Cattee, Jack Cresswell, Ian Cubbin, Marc Donovan, Simon Dukes, Sam Fisher, Mark Griffiths, David Hamilton, Jas Heer, Gordon Hockey, Tricia Kennerley, Mike King, Andrew Lane, Zoe Long, Fin McCaul, Has Modi, Garry Myers, Bharat Patel, Indrajit Patel, Jay Patel, Janice Perkins, Sir Mike Pitt, Adrian Price, Sian Retallick, Suraj Shah, Anil Sharma, Rosie Taylor, Stephen Thomas

Item 1 – Welcome from Chair

Item 2 – Apologies for absence

2.1. Apologies for absence were received from Clare Kerr.

Item 3 – Conflicts or declaration of interest

3.1. No new conflicts of interest were declared.

Item 4 – Minutes of the last meeting

4.1. The minutes of the subcommittee meeting on 10th July 2018 were agreed.

Item 5 – Matters arising

5.1. None.

Action

Item 6 – Discussion on revision of PSNC’s service development proposals and options for quality measures which could be included in a revised CPCF

6.1. Alastair Buxton explained the background to this topic and provided an overview of the work undertaken so far.

6.2. After a thorough discussion, the proposed additions to the service development proposals were agreed; no further additions were proposed. It was agreed that additional points on mental health would be welcome additions to the proposals.

Action 1: Thoughts on additional proposals related to mental health to be sent to Alastair Buxton (all).

6.3. The subcommittee noted the inclusion of independent prescribing within the proposals and the strategic importance of this for future development of services.

- 6.4. The subcommittee concluded that the overall ambitious approach to service development described in the proposals was appropriate but noted that early priorities for the NHS were likely to be within the urgent care and public health areas. If such prioritisation is required, it would be helpful if a broad vision for future development of the contractual framework could also be agreed with NHS England and DHSC, so that contractors could more effectively plan for future developments.
- 6.5. No additions or amendments were proposed to the list of quality criteria/options set out in the agenda. The need to ensure discussions on quality were part of substantive negotiations and not separate was agreed. It was also agreed that there should ideally be a clear differentiation between quality indicators and service developments. Contractors should be given plenty of notice of forthcoming changes to the contractual framework, including any changes related to quality.

Item 7 – Revision of NMS and MUR consent requirements

- 7.1. The subcommittee agreed the proposed new consent requirements and wording for the consent forms with the new form / wording to be used as soon as practicable.

Action 2: Continue discussions with NHS England on this matter, aiming to reach agreement on this as soon as possible (AB).

Report

Item 8 – Update on NHS IT projects

Item 9 – Research on GP’s views on remote provision of pharmacy services

Item 10 – National clinical audit on flu vaccination for people with diabetes

Item 11 – Any other business

- 11.1. Quality Payments Scheme H2 2018/19 – Due to changes to the NHS BSA declaration portal for Quality Payments (this will now be provided through the NHS BSA Manage Your Service (MYS) portal rather than a Snap Survey) there is now the option for contractors to go back into their declaration after they have submitted it (within the declaration period) and make corrections. Previously once a declaration had been submitted, contractors could not amend it. There were potential risks with this approach, but the subcommittee agreed that the change should be implemented to provide maximum flexibility to contractors.
- 11.2 It was agreed that the NHS England QPS guidance should ideally be published by the end of October 2018.

Action 3: Communicate the subcommittee’s views on these matters to NHS England and to agree a final position for inclusion in the QPS guidance (RT).