

PSNC Service Development Subcommittee Agenda
for the meeting to be held on Wednesday 19th May 2021
via Zoom, commencing at 9am

Members: Reena Barai, Clare Kerr, Roger Nichols, Prakash Patel, Faisal Tuddy, Gary Warner (Chairman)

1. Welcome from Chair
2. Apologies for absence
3. Conflicts or declarations of interest
4. Minutes of the last meeting (**Appendix SDS 01/05/2021**)
5. Actions and Matters Arising

Action	Approx. times
6. Development of the New Medicine Service (Appendix SDS 02/05/2021)	09:10
7. 2021/22 Pharmacy Quality Scheme (Appendix SDS 03/05/2021)	09:30
Break	10:15
8. [Confidential Year 3 negotiations topic] (Appendix SDS 04/05/2021)	10:25
9. [Confidential Year 3 negotiations topic] (Appendix SDS 05/05/2021)	10:55
10. C-19 lateral flow device service (Appendix SDS 06/05/2021)	11:05
11. [Confidential Year 3 negotiations topic] (Appendix SDS 07/05/2021)	11:25
12. [Confidential Year 3 negotiations topic] (Appendix SDS 08/05/2021)	11:40

Report

13. Future engagement of community pharmacies in the COVID-19 vaccination programme (**Appendix SDS 09/05/2021**)
14. Commissioning support for minor illness PGD services (**Appendix SDS 10/05/2021**)
15. Summary of responses to the survey of community pharmacy Primary Care Network Leads (**Appendix SDS 11/05/2021**)
16. Any other business

Minutes of the PSNC Service Development Subcommittee meeting

held on Wednesday 3rd February 2021

via Zoom

commencing at 9am

Present: Reena Barai, Richard Bradley, Clare Kerr, Prakash Patel, Gary Warner (Chair)

In attendance: Alastair Buxton, David Onuoha, Caline Umutesi, Rosie Taylor, Daniel Ah-Thion, Gordon Hockey, Simon Dukes, Mike Dent, Zoe Long, James Wood, Mark Burdon, David Broome, Anil Sharma, Bharat Patel, Sunil Kochhar, Sian Retallick, Indrajit Patel, Ian Cubbin, Jas Heer, Tricia Kennerley, Sam Fisher, Margaret MacRury, Stephen Thomas, Niamh McMillan, Adrian Price, Janice Perkins, Peter Cattee.

Item 1 – Welcome from Chair

1.1 The Chair opened the meeting and welcomed the attendees.

Item 2 – Apologies for absence

2.1 Apologies for absence were received from Faisal Tuddy.

Item 3 – Conflicts or declarations of interest

3.1 No new conflicts of interest or declarations were made.

Item 4 – Minutes of the last meeting

4.1 The minutes of the subcommittee meeting held on 7th September 2020 were approved.

Item 5 – Actions and Matters arising

5.1 The status of the final health campaign for 2020/21 was enquired about, with a suggestion that it may be better focused on supporting COVID-19 vaccination uptake. Alastair Buxton confirmed that last year we had agreed a flexible approach to the campaign topic to allow for that potential eventuality. Currently NHS England and NHS Improvement (NHSE&I) are awaiting an update from Public Health England on the current agreed campaign (Help Us Help You pharmacy) and any plans for campaigns on COVID-19 vaccination. NHSE&I are also finalising a long list of potential campaign topics for 2021/22 and they will share their proposals with PSNC as part of the wider negotiations for the year ahead.

5.2 Distribution of COVID-19 treatments in primary care (Confidential) – Alastair Buxton reported that DHSC had continued to provide occasional updates on this proposal since the last subcommittee meeting.

- 5.3 There was broad agreement that continuing discussions on the development of the Pandemic Delivery Service was appropriate.

Item 6 – Redefining the Support for Self-care Service and a walk-in Community Pharmacist Consultation Service option (Confidential)

- 6.1 The subcommittee considered the paper, including the suggested approach to differentiation of self-care advice and clinical consultations for the management of minor illness.
- 6.2 The approach set out in the paper was agreed and the feedback and questions were raised.
- 6.3 The approach set out in the paper will be developed into a proposal to NHSE&I and DHSC. Consideration will also be given to a financial approach for the service and proposals will be brought back to the Committee for further consideration.

Item 7 – Consideration of the potential criteria for the 2021/22 Pharmacy Quality Scheme (Confidential)

- 7.1 The subcommittee considered the options for potential PQS criteria set out in the paper.

Item 8 – Enhancement of substance use services

- 8.1 The subcommittee discussed the proposed service enhancement to locally commissioned substance use services.
- 8.2 The following feedback was provided:
- i. The paper is a welcome approach to a matter which is of significant concern to contractors who have been negatively impacted.
 - ii. Given the pandemic, consideration could also be given to supporting delivery of medicines to people using Opioid Substitution Therapy (OST).
 - iii. Was commissioner/provider involvement sought before the paper was drafted? The thoughts of some of the Chief Pharmacists in the drug treatment provider organisations had been canvassed. One of the largest providers had indicated that there was a need to build on existing contracts to provide a wider service to clients and to ensure quality requirements were more clearly defined.
 - iv. The paper seeks to move the sector forward in our support for these patients, presenting a new and closer way of working with drug treatment services. It correctly identifies that communication needs to significantly improved between pharmacy and drug treatment teams, but it would be helpful to consider the practical ways in which to achieve this, including using technology.
- 8.3 The Chair commended the work of the group on producing the paper. The paper will be finalised and consideration given to what other guidance and support could be provided to help LPCs use the document locally.

Item 9 – Future service development priorities (Confidential)

- 9.1 The subcommittee discussed the proposed approach to prioritising service developments and related work over the year ahead. The overall approach set out in the paper was agreed.

Item 10 – COVID-19 vaccination programme (Confidential)

- 10.1 The subcommittee noted the information in the agenda. Alastair Buxton said that work was continuing with the other pharmacy bodies and a revised version of the proposal and a related paper setting out some of the considerations that would be required by any pharmacy seeking to be a vaccination provider had been submitted to NHSE&I.
- 10.2 A further meeting with NHSE&I was being held later in the day.

Item 11 – Development of the New Medicine Service (Confidential)

- 11.1 The subcommittee considered the paper summarising the conclusions of the NHSE&I working group on the development of the NMS.

Item 12 – PGD bolt-on service template to augment CPCS

- 12.1 The aim of this work is to develop a toolkit to support LPCs to get PGD bolt-on services commissioned at a local level. David Onuoha reported that work had commenced to review minor ailments services, with a particular focus on those using PGDs. Volunteers to support the work will be sought from the LPCs and an update will be provided at the next meeting of the subcommittee.

Item 13 – Pharmacy information flows: proposed enhancement of the standard

- 13.1 The information in the agenda was noted. Alastair Buxton highlighted the opportunity for contractor engagement with the work and invited members or their organisations to engage.

Item 14 – IT update

- 14.1 The information in the agenda was noted.

Item 15 – Any other business

- 15.1 Alastair Buxton reported that DHSC, NHSE&I and NHS Test and Trace were continuing to work with West Yorkshire LPC on a pilot service for the distribution of COVID-19 PCR test kits. They were also starting a further pilot in another area of West Yorkshire to test pharmacy distribution of COVID-19 Lateral Flow tests, aimed at asymptomatic workers who have to work in locations with other people and cannot access regular testing via corporate arrangements, e.g. tradespeople who work in people's homes.

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Subject	Commissioning support for minor illness PGD services
Date of meeting	19th May 2021
Committee/Subcommittee	SDS
Status	Public
Overview	This paper provides a report on work being undertaken by the Services Team, in collaboration with volunteers from several LPCs, to develop support to assist LPCs with making the case to get minor illness Patient Group Direction (PGD) services commissioned at a local level.
Proposed action	None
Author of the paper	David Onuoha

Introduction

This paper provides an update on work in progress to provide LPCs with a toolkit to assist them with commissioner engagement and the development of a business case to support the commissioning of a Pharmacy Extended Care Service.

Using patient group directions (PGD), this service aims to support the provision of care to patients with a low acuity condition that would otherwise need to be referred to their general practice, but whose management is within the competence of community pharmacists if they have access to appropriate prescription only medications or are not limited because of licensing restrictions on available OTC medication.

Where commissioned, it will augment the scope of potential referrals from general practice into the Community Pharmacist Consultation Service (CPCS) and will provide further opportunities for community pharmacy to reduce demand on urgent care systems through provision of the service to walk-in patients.

The toolkit is being developed in collaboration with a group of LPC Chief Officers and members.

Context

During the pilot stages of general practice referrals to the CPCS, one of the key points highlighted by LPCs involved was that those areas that had minor ailment services (MAS) with PGDs, were experiencing better practice engagement and better volumes of referrals. The PGDs presented another opportunity and reason for GP practices to refer patients to community pharmacies.

NHS England and NHS Improvement have already confirmed they do not believe there is currently any scope for a national PGD service. They have however, positively indicated that their regional teams are being encouraged to work with LPCs and Clinical Commissioning Groups (CCGs) to consider how PGD services may provide additional support and further improve access through additional opportunities to refer patients from general practice to community pharmacies. Additionally, they are willing to try to highlight this at a national level too.

NHSE&I in the midlands is already progressing with an approach to increase the opportunities PGD services can provide. They have introduced an Enhanced service across the region which is currently the biggest of the commissioned Extended Care PGD services. There are currently 226 pharmacies signed up to provide it covering 25 CCGs. The service consists of three tiers of services:

- Tier 1 – UTI and Conjunctivitis PGDs (December 2020);
- Tier 2a – Skin - Impetigo, infected insect bites and infected eczema (live April 2021);
and
- Tier 2b - ENT and Sore throat swabs (still to be developed, the latter condition may be delayed due to COVID-19).

Proposal

To augment the nationally commissioned CPCS, a working group of LPC Officers and PSNC is developing a toolkit to support LPCs by providing materials, such as a briefing that highlights

the NHS context, patient perspectives, reasons for the approach, a step-by-step process to develop a local business case, along with some of the local NHS data to demonstrate the opportunity to commissioners. The toolkit will also provide a business case template and other materials that may be useful to assist LPCs with local engagement of CCG or regional NHSE&I teams to consider the introduction of PGD services for the management of low acuity conditions.

Progress update

By the time of the SDS meeting, the working group will have had three meetings to oversee the development of:

- A Briefing for LPCs on the opportunity (currently in version 2);
- A template business case (currently at version 2);
- Elevator / lift pitches to support LPCs with quick pitches to commissioners or stakeholders (v1);
- FAQs to assist LPC with commonly posed challenges (v1);
- Local data sets (completed):
 - Looking at GP appointment figures and the volume of appointments for low acuity conditions down to CCG level; and
 - Emergency department attendance figures and the volume that could be dealt with by community pharmacy at a hospital trust level.
- Collation of all available PGDs that support low acuity conditions (completed);
- Collation of all available commissioned service specifications (completed);
- Collation of available service provision templates and decision trees (completed); and
- A case study of the Midlands Extended Care Service to highlight the opportunity to LPCs via PSNC news and the monthly PSNC Commissioner news (work in progress).

Benefits

A local Extended Care Service could create a win-win for commissioners, patients and community pharmacy. A commissioned service could:

For commissioners:

- Provide better support for patients with low acuity conditions while not departing from the focus of reduced prescribing for minor, short-term conditions;
- Provide a highly responsive service (supporting both walk-in demand and referrals) that delivers care as close to home as possible and supports reduction in demand for urgent care in both general practice, emergency departments, urgent care centres and OOH;
- Creates capacity in both general practice and emergency departments by upskilling community pharmacists to provide more clinical services to patients;
- Reduces the cost of provision of care as the patient is seen by the right healthcare professional first time;
- Continues the education of patients to think of their community pharmacy first for their healthcare needs;
- Reduces healthcare inequalities through improved access to underserved patient groups;

- Supports the tackling of antimicrobial resistance through strict protocols for provision of antimicrobials where needed;
- Supports increased access to services by better harnessing the accessibility of community pharmacy; and
- Links well and builds on existing work plans (GP CPCS and transformation of urgent care).

For patients:

- Provides timely care at the point of need;
- Offers a convenient alternative location to receive advice and treatment, rather than seeking treatment from their GP, OOH, walk-in centre or emergency department.
- Provides increased accessibility to healthcare that supports relief from low acuity conditions that would have required the support of a prescriber;
- Enhances the local care they can receive from their community pharmacy in their community; and
- Provides a simpler patient journey.

For community pharmacies:

- Enhances patient care and convenience;
- Enhances professional standing and satisfaction of pharmacists;
- Provides another avenue to reinforce antimicrobial stewardship messages where antibiotics may be issued; and
- Provides increased remuneration for care provided.

Timeline to completion

The group is working to complete the toolkit by the end of May 2021. A near finalised draft will be shared with SDS members for comment when ready. The finalised draft will also be sent to PLOT for review and final comment before it is issued to all LPCs for local use.

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