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PSNC Meeting October: Summary Report for LPCs and Contractors

PSNC and its subcommittees met in Swindon on Tuesday 9th and Wednesday 10th October 2018. This briefing provides a summary of the discussions for community pharmacy contractors and LPCs.

Funding analysis

The Funding and Contract Subcommittee considered the detailed analysis behind the funding changes proposed by the Department of Health and Social Care (DHSC) for 2018/19. Firstly, they examined the actual delivery of fees and allowances for 2017/18 and forecast figures for 2018/19. There was considerable discussion on the predicted number of prescription items, which is the biggest determinant of the fees and allowances forecast.

The PSNC Funding Team's analysis of recent Category M changes was then scrutinised and the complexity of the issue acknowledged. The analysis demonstrated that the changes to prices in July and October were driven by underlying movements in manufacturers' prices. Finally, margins survey figures for 2016/17 were examined alongside the provisional figures for 2017/18.

Costs for implementation of the Falsified Medicines Directive (FMD) and concerns about over-spend on specials were also considered. PSNC is keen for FMD costs to be on the table for discussion as part of 2019/20 contract negotiations.

After a lengthy and difficult debate, the Committee unanimously agreed to accept the DHSC's funding offer for 2018/19. [The funding settlement announcement can be found here.](#)

Service development proposals

The Service Development Subcommittee spent most of its meeting discussing the revision of PSNC's service development proposals. These were originally developed in 2017 and they did not include proposals for nationally commissioned urgent care or public health services as, at that time, NHS England and the DHSC saw commissioning of such services as local, not national, priorities.

Work to develop a new NHS long term plan and discussions with NHS England officials have highlighted a new focus on both these areas, so the subcommittee considered additions to the range of service development options in these areas. These included commissioning of national Emergency Hormonal Contraception (EHC) and stop smoking services from community pharmacies and NHS Health Checks, blood pressure measurement and Atrial Fibrillation (AF) identification. The diagram in Appendix 1 details the revised proposals.

2018/19 clinical audit

Members of PSNC reviewed the final draft of the national community pharmacy clinical audit for 2018/19, which is focused on the provision of advice on flu vaccination to people with diabetes. The audit documentation has subsequently been published by NHS England and it can be accessed via psnc.org.uk/fluaudit.

Advanced services review

PSNC agreed proposals to update the consent arrangements for Medicine Use Reviews (MUR) and the New Medicine Service (NMS), which will be discussed with NHS England. The proposed changes are to ensure that the consent arrangements comply with the General Data Protection Regulation (GDPR) and to support post-payment verification by the NHS.

NHS IT update

The Committee received an update on several NHS Digital IT developments. This included progress in moving towards EPS Phase 4, the [EPS Controlled Drugs pilot](#), Real-Time Exemption Checking for prescription charges (which ties in with DHSC's recent announcement of [plans to stop fraud against the NHS](#)), the NHS App and the Citizen Identity system.

Regulatory changes

As part of PSNC's work with DHSC to make improvements in light of this year's pharmacy regulations review, the Legislation and Regulatory Affairs Subcommittee noted changes to the National Health Service (Pharmaceutical Services, Charging and Prescribing) Regulations. The amendments primarily focussed on setting out the legislative framework for EPS Phase 4, but also incorporated a number of recommendations from PSNC in regards to breach notices market entry applications and the General Data Protection Regulation (GDPR). [The updated regulations will come into effect on 26th November 2018.](#)

Brexit

PSNC considered the key points that came out of the [first meeting of PSNC's Community Pharmacy Brexit Forum](#) which was held in September 2018. The forum will continue to liaise with DHSC to ensure that the supply of medicines to community pharmacy patients is maintained. Community pharmacy is advised to follow the [advice outlined by the Department](#).

STP and ICS integration

NHS England and NHS Improvement are undertaking work to test how NHS pharmacy and medicines optimisation/safety can be integrated into Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs). The LPC and Contractor Support Subcommittee considered the pilot, the PSNC support to date and the plans for further support offered to LPCs involved so far and considered that community pharmacy would need a proactive approach.

PSNC will continue talking to LPCs about what they are doing with their ICS and STPs, and the ongoing support they may need from PSNC, including sharing best practice and supporting engagement.

Provider companies

The LPC and Contractor Support Subcommittee reviewed the results of the recent LPC questionnaire on provider companies and recognised that the current provider company template provided by PSNC does not work for some contractors – particularly around appointing company directors. PSNC will be working with lawyers to draft a provider company template that overcomes those difficulties when they arise.

LPC self-evaluation

The LPC self-evaluation framework on PharmOutcomes provides LPC members with a management dashboard to monitor LPC progress and identify areas for improvement. PSNC is keen to encourage LPCs that have not yet completed the assessment to do so, as it helps maintain high standards across all LPCs. PSNC regional representatives and other members will be promoting the self-evaluation tool at their meetings with LPCs, adding PSNC's offer to help those LPCs that need support to remedy any areas of concern.

Communications and public affairs

The LPC and Contractor Support Subcommittee were given updates on work carried out over the summer by PSNC's Communications and Public Affairs Team. Key communications activities included running webinars on a range of topics and launching the PSNC Blog to enable those working in community pharmacy to hear directly from the team and from PSNC committee members. They also liaised with the pharmacy press to respond to queries on topics such as funding negotiations and contingency plans for a no-deal Brexit. Finally, PSNC Chief Executive Simon Dukes had a letter published in The Telegraph promoting pharmacy as an alternative following an editorial article discussing the public's reliance on GPs.

As part of PSNC's Parliamentary and public affairs work, the subcommittee was asked to consider ways in which PSNC could build on its NHS long term plan work to gain further support for community pharmacy. The office then reported on an MP engagement event about community pharmacy's role in supporting patients with long-term conditions and discussed the work being undertaken to build links with charities such as the British Heart Foundation, Arthritis UK and Age UK.

Appendix 1

Options for development of the NHS Community Pharmacy Contractual Framework



Supporting self-care and urgent care (Reducing demand on GPs & urgent care)

- **NHS Urgent Medicines Supply Advanced Service**
- **Digital Minor Illness Referral Service**
- Community pharmacy Antibiotic Guardian Pledges
- Support NHS work on promoting self-care and removing prescribing for minor illness
- **Enhanced minor illness service (PGDs/independent prescribing)**
- **Emergency Hormonal Contraception service**
- **Pilot the management of minor injuries (building on proof of concept work already undertaken)**
- **COPD rescue packs**

LTC support and management (Building primary care capacity)

- Care Plan Service
- Post-discharge MUR/NMS-type support
- Annual dosage form/device check
- Annual adherence review
- New Medicine Service (with expanded coverage, including antidepressants or other mental health medicines)
- Measurement of Patient Activation Level (PAM)
- **Hypertension management service (independent prescribing)**

Promoting health and wellbeing (prevention) (Reducing future healthcare demand)

- **All pharmacies HLP accredited**
- Proactive provision of healthy living advice to people visiting the pharmacy & participation in national public health campaigns – **focus on physical activity, diet and alcohol**
- **National Stop Smoking Service**
- **National commissioning of NHS Health Checks + more follow-up of patients – personalised wellbeing plan and use of PAM**
- **Hypertension and Atrial Fibrillation identification**
- **Supporting the NHS Diabetes Prevention Programme**
- **COPD case-finding**

Improving patient safety and cost effectiveness (Optimising use of medicines & reducing harm)

- Dispensing & eRepeat Dispensing
- Checking the patient's need for repeat meds at each dispensing
- Review medicines returned by patients for disposal
- Meds reconciliation post-discharge from hospital
- Tackling polypharmacy and identifying potential gaps in prescribing
- Querying prescribing of medicines of low clinical value and specific meds, e.g. specials
- **Safety interventions during dispensing (building on QPS asthma & NSAIDS)**

Enablers

- Read & write access to the care record
- Electronic data transfer/referrals to/from general practice
- Development of digital relationship with patients via apps etc.
- Independent Prescriber training
- Supporting interprofessional relationship development and engagement in Primary Care Networks
- 5 year transformation & funding programme

Note: many of the service development options fall under multiple classifications, but all have been allocated to just one. Bold items are additions, building on the previous proposals submitted to DHSC and NHS England.

