

Pharmaceutical Services Negotiating Committee
Communications and Public Affairs (CPA) Subcommittee Agenda
Wednesday 6th February at 15:30
Southgate Room, PSNC, 14 Hosier Lane, London EC1A 9LQ

Members: David Broome, Jas Heer, Tricia Kennerley (Chair), Clare Kerr, Fin McCaul, Jay Patel, Prakash Patel, Stephen Thomas.

1. Welcome from Chair
2. Apologies for absence
3. Conflicts or declarations of interest

Action

4. Subcommittee remit and workplan **Appendix 01/02/2019**
5. PSNC position statements: Brexit, medicines shortages, the NHS Long Term Plan, pharmacy numbers and technology (confidential)
6. Communications priorities, including digital communications and media work **Appendix 03/02/2019**
7. Pharmacy collaborative working **Appendix 04/02/2019**
8. Parliamentary work: All-Party Pharmacy Group (APPG) and Party Conferences **Appendix 05/02/2019**

Report

9. Pharmacy communications **Appendix 06/02/2019**
10. Parliamentary work **Appendix 07/02/2019**
11. Wider public affairs work **Appendix 08/02/2019**
12. Any other business

Appendix CPA 01/02/2019

Subject	Subcommittee remit and workplan
Date of meeting	6th February 2019
Committee/Subcommittee	Communications and Public Affairs
Status	Not Confidential
Overview	A subcommittee remit and workplan for 2019 have been drafted for consideration.
Proposed action(s)	Review the drafts ahead of discussion at the subcommittee meeting.
Author(s) of the paper	Zoe Long

Communications and Public Affairs Subcommittee

Remit

As this is the first meeting of the Communications and Public Affairs Subcommittee, the subcommittee first needs to consider and agree its remit. This will then need to be ratified by the full PSNC Committee.

The draft remit for consideration is as follows:

- Ensure that PSNC's policy position statements are appropriate and seek to influence NHS policy on community pharmacy in line with these
- Ensure that PSNC's public affairs strategy builds support for community pharmacy and PSNC policy across Parliament, local Government and wider stakeholders
- Ensure that PSNC's communications strategy for contractors and LPCs provides them with appropriate information via the best channels and promotes PSNC and its policies
- Provide support for the contractor body and LPCs on communications and public affairs matters
- Monitor and work to enhance PSNC's reputation, including consideration of risks and media work
- Support collaborative communications work with the other national pharmacy organisations

2019 Workplan

Business as usual communications and public affairs work must continue, for instance to ensure that PSNC is engaging with pharmacy contractors (via emails, CPN, social media, etc), working with the pharmacy press and maintaining support from MPs. Underpinning and driving this work, it is suggested that the subcommittee works to achieve the following objectives throughout 2019:

- Ensure that contractors understand the work that PSNC does and the value of it. This will include work to ensure that all PSNC subcommittees are communicating effectively.
- Improve contractor understanding of the environment in which they are working and of how pharmacy funding works at a macro level.
- Build the media profiles of both PSNC and community pharmacy to help promote the sector.
- Carry out a strategic influencing programme to improve policy makers' perceptions and ambitions for the sector.
- Improve understanding and coverage of our core messages about the need to protect pharmacies, and their potential and value.
- Enhance collaborative working arrangements – both with the national pharmacy organisations and LPCs – to ensure that community pharmacy is unified wherever possible

Subcommittee Action

The subcommittee is asked:

- To consider and to approve the draft remit so that this can be put to PSNC.
- To offer feedback on the proposed workplan for 2019, recognising that this has been drafted to give flexibility for us to be reactive to events throughout the year.

Subject	Communications priorities
Date of meeting	6th February 2019
Committee/Subcommittee	Communications and Public Affairs
Status	Not confidential
Overview	This paper addresses some of the key communications challenges and objectives for PSNC.
Proposed action(s)	The subcommittee is asked for views on the questions posed.
Author(s) of the paper	Zoe Long

Communications Priorities: including digital communications and media work

Introduction

The Communications and Public Affairs team will work to deliver the subcommittee workplan for 2019. Some key areas of focus are set out below, along with questions for the subcommittee to consider.

Communications Review and Digital Communications

PSNC has previously carried out contractor communications surveys, most recently in 2016. These were carried out via CPN and the website, and respondent numbers were fairly low, but we were able to use the results to improve communications such as our newsletters, Briefings and webinars. The subcommittee may wish to consider another review to assess things such as:

- The tone of our communications
- The usability of our website
- The popularity of our various communications channels
- The reach of our messages
- Perceptions of PSNC

Some of these points are addressed in the digital communications report included in this agenda, but as well as that engagement tracking the subcommittee could consider whether another survey, or some targeted interviews with small numbers of people in our key audiences, may be useful again.

It is vital that PSNC is able to get communications and messages to contractors and, although we have more than 10,000 email subscribers, there are some things that we could do to try to improve our links to contractors. Assuming that we still need to focus on digital communications for budgetary reasons, there are a number of things that the subcommittee could consider, including:

- Seeking LPCs' help with collecting contractor email addresses
- Running our own telephone campaign to seek contractors' email addresses
- Using new technologies such as an app*, podcast** or messaging services
- Using the NHS shared mail email addresses (we have been seeking permission to use these from NHS Digital since last year)
- Increasing coverage of PSNC's work in the pharmacy press

***App:** PSNC previously considered whether it should develop an app, but this work was paused on the basis that we could not narrow down the functionalities that we wanted to prioritise, and on cost/resource grounds. We have this year been approached by some LPCs who would like to develop an app to send out push notifications to contractors and would like our help.

****Podcast:** PSNC previously approved the concept of a podcast and Melinda Mabbutt worked in 2018 to develop a prototype. Events in the autumn (the Long Term Plan consultation, followed shortly by Brexit contingency planning) unfortunately meant that we have not had the capacity to launch this.

Messaging

We have been working to change the tone of PSNC's communications to ensure that, taken together, our messaging reflects the following overarching objectives:

- PSNC is collaborative with Government;
- But PSNC is also prepared to highlight alternative solutions to Government where necessary;

- PSNC is working hard on behalf of contractors;
- PSNC's work is critical and valuable;
- PSNC is working closely with the other national pharmacy organisations and leads that collaborative work in key areas; and
- PSNC is a representative committee that understands the pressure on contractors and is representing their interests robustly.

The subcommittee will need to keep our communications under review to ensure that all opportunities to deliver on these points are taken.

Media Work

The Communications Team have been working hard to gain positive coverage of PSNC and its policies in the pharmacy press. This has included writing proactive articles, collaborating with journalists on pieces, hosting press briefings, and responding to queries.

We have also in recent months built up a much larger network of national media contacts who we should continue to use to try to gain positive coverage of community pharmacy. We have some significant challenges with this work, including the need to find more spokespeople for the sector.

Subcommittee Actions

The subcommittee is asked to:

- Consider the possibility of a communications review – what would we gain from this and what tactics should we use, keeping in mind cost and the capacity of the team?
- Share any views on the options for ensuring we are reaching all contractors.
- Consider the possibility of an app and a podcast – are these priorities; how would we free up resource on the team to develop these; are there other ways we could do this; and how could we support the LPCs in their endeavours?
- Consider the key messaging points – are these correct; are any of the messages more important than others; which areas need further attention?
- Share any ideas on how we can best showcase the work we are doing and educate contractors about the environment in which they are working.
- Share any feedback on recent national media work and ideas for how we can make more of this evolving element of our work.
- Share any ideas for national media spokespeople.

Subject	Pharmacy collaborative working
Date of meeting	6th February 2019
Committee/Subcommittee	Communications and Public Affairs
Status	Not confidential
Overview	A framework for collaborative working on communications and public affairs has been agreed by AIM, the CCA, NPA, PSNC and the RPS.
Proposed action(s)	The subcommittee is asked to consider any priorities and the next steps for this collaborative work.
Author(s) of the paper	Zoe Long

Pharmacy Collaborative Working

Introduction

Since the campaign against community pharmacy funding cuts which began in January 2016, the communications and public affairs teams of the national pharmacy organisations – AIM, CCA, NPA, PSNC and RPS – have held regular teleconferences to try to coordinate our activities. The key objectives of the calls are to share intelligence (e.g. about upcoming media coverage) and to ensure that messages being given to stakeholders (including both within pharmacy and external stakeholders such as MPs) are as aligned as possible.

In addition to these calls, the Director of Communications and Public Affairs works to coordinate work with any other interested organisations, such as the PDA.

With the pharmacy Judicial Review process now completed, a key objective for the Chief Executives of the national organisations, many of whom were newly appointed in 2018, is to work together to try to represent pharmacy and to build a more collaborative working relationship with Government. To facilitate that joint working, the communications and public affairs leads met in November 2018 to plan joint working for the coming year. The planning meeting was useful and resulted in the paper set out at the end of this report. The paper sets out a framework and some objectives for joint working, giving flexibility for us to address issues as they come up throughout the year, and it has been endorsed by the Chief Executives of AIM, CCA, NPA, PSNC and RPS.

Subcommittee Action

The subcommittee is asked:

- To note the framework for joint working which has been agreed by the pharmacy organisations. How can we make best use of this initiative for the benefit of the sector?
- Are there any priority issues on which we should focus joint work such as the MP Briefings or Parliamentary event?
- What would be PSNC's priority areas to get agreement on via the shared policy messages?
- What should the key messages for pharmacy to get across the public in 2019 be?

Community Pharmacy Organisations and Royal Pharmaceutical Society

Approach to Joint Communications and Public Affairs Work 2019

Introduction

The community pharmacy representative organisations – AIM, CCA, NPA and PSNC – along with the professional body (which represents pharmacists working in community pharmacies and other settings) have long recognised the benefits of working together to meet shared objectives. This can be applied to communications and public affairs, particularly when it comes to representing pharmacies to external stakeholders. Joint work can ensure messages are aligned so that MPs, the public and others do not receive different messages from different people within pharmacy.

Since January 2016 the comms/public affairs teams of the pharmacy organisations have facilitated this joint working through a weekly teleconference hosted by PSNC. This has proved useful in allowing us to share intelligence, jointly manage any national press issues, plan joint working initiatives (e.g. Parliamentary events for MPs), and ensure that we are not tripping over one another in any of our external engagement work.

On Monday 5th November 2018 the comms/public affairs teams held a planning meeting to consider joint working opportunities for 2019. This paper set out the ideas discussed.

Themes and Key Priority Areas

The following topics were identified as key areas that all of the individual organisations are likely to be prioritising in 2019:

- The NHS Long Term Plan
- Brexit
- Medicines supply
- Integration – particularly facilitating engagement with Sustainability and Transformation Partnerships, Integrated Care Systems and Primary Care Networks
- Advocacy – on behalf of pharmacies and pharmacists
- IT

For all of these topics our intention is to remain in close contact about them and to plan tactics as we go through the year. For instance, following publication of the NHS Long Term Plan we will have a conversation about how pharmacy needs to follow up and whether any of this might be done jointly.

Other areas of particular focus for some organisations and which may have potential for joint working include exploration of how automation/technological developments will impact on pharmacy; patient safety; community pharmacy standards; workforce planning; and the role of pharmacy in prevention.

Proposals: Public Affairs and Parliamentary Work

Following a tactical discussion around lobbying, the comms/public affairs teams would like to take part in a number of specific shared activities in 2019:

- Re-establish the joint MP engagement tracking spreadsheet – this will track (briefly) meetings and other engagement with MPs, so that everyone can very easily check what messages any MP they are making contact with has already heard from pharmacy.
- Each organisation to draft one MP briefing during the year to be considered as a shared briefing to go directly to MPs and to be available for use by LPCs and pharmacies.

Note: We are currently finalising a joint briefing on the NHS Long Term Plan and the contribution we would like to see pharmacies making to that.

- Host at least one joint Parliamentary event to engage with MPs and Peers.
- Draft a shared policy objectives document – this will not cover every policy of every organisation, but rather give us a shared set of core messages which we can then work to support through our Parliamentary and engagement work. It will likely align to the key themes identified above.

We will also continue to work together on the All-Party Pharmacy Group (APPG) and to have weekly teleconferences between the public affairs teams, and we will consider any opportunities for joint work (e.g. exhibition stands) at events at which we could usefully represent pharmacy.

Proposals: Communications

Recognising the limited resource that all the pharmacy organisation have to engage with the public directly and to campaign with the media, we identified the following shared activities for 2019:

- Creation of shared public communications priorities and messages.
- Make joint public statements around some of the policy objectives throughout 2019.
- Joint approaches (whether through statements, press releases or letters) to the national media to promote pharmacy and/or our shared policy objectives.
- Creation of a joint strategy for campaigning work that will identify, capture and highlight positive case studies of all the work that pharmacies and pharmacists are doing.

PSNC has been approached by Pfizer about a possible public-facing advertising campaign about community pharmacy in 2019. PSNC will take this forward and is very happy for the other pharmacy organisations to be involved in that work – that will involve being part of a working group which will jointly set the objectives for the project, and then oversee the creatives and tactics. The purpose of the working group will be to jointly agree the priorities and scope of this work, but the overarching strategic objective will be to promote the value of community pharmacies and their services.

We will also have weekly calls between the communications teams, as well as quarterly face-to-face planning meetings open to all communications and public affairs teams.

Other Work

Clearly joint working on some of the priority topics might involve input from colleagues beyond the communications and public affairs teams. Ideas for other joint work included:

- Creation of a shared resource that maps progress with integration and services at a local level across England.
- A toolkit for LPCs to support working with local STPs and PCNs. This could include a webinar.

The communications and public affairs teams are happy to coordinate internally with policy colleagues as and when these ideas are raised, and/or the Chief Executives may like to consider other ways to encourage joint working between the policy teams.

Endorsement for Proposed Work

The Chief Executives of the organisations have now reviewed and endorsed the proposed joint working activities for 2019 as set out above, noting that each organisation will have its own objectives

and workplan to deliver which will have been agreed in accordance with the organisations' respective internal governance arrangements.

It is the responsibility of the respective Communications and Public Affairs team lead from each organisation to ensure that any joint work that is pursued does not conflict with their own organisation's objectives and that members of the joint Communications & Public Affairs Group are accountable for ensuring that any joint work has prior approvals of their organisation.

The Group is accountable to the CEOs and minutes of the meetings are to be produced and circulated in a timely manner. The CEOs may choose to delegate responsibility for their own organisations oversight of the activities of the Group but retain responsibility for ensuring the principles of collaboration and joint working are maintained.

Appendix CPA 05/02/2019

Subject	Parliamentary Work: All-Party Pharmacy Group (APPG) and Party Conferences
Date of meeting	6th February 2019
Committee/Subcommittee	Communications and Public Affairs
Status	Not Confidential
Overview	The APPG is considering its workplan for 2019 and the pharmacy organisations need to consider the arrangements for the Secretariat going forwards. The pharmacy organisations are also looking at party conference activity.
Proposed action(s)	The subcommittee is asked for views on priorities and strategic objectives for the APPG and party conference lobbying work.
Author(s) of the paper	Jessica Ferguson and Zoe Long

Parliamentary Work: All-Party Pharmacy Group (APPG) and Party Conferences

All-Party Pharmacy Group (APPG): Activity Report

Since the last PSNC meeting, the All-Party Pharmacy Group (APPG) has met twice; in October to hear from representatives in the devolved nations, and in January to hear from health officials about what the NHS Long Term Plan means for community pharmacy. Both events have been well attended by MPs.

The October meeting was chaired by Sir Kevin Barron MP and was also attended by Steve Double MP, Vice Chair of the APPG, and Alex Chalk MP, Parliamentary Private Secretary to Rt Hon Matt Hancock MP. The witnesses included: Harry McQuillan, Chief Executive of Community Pharmacy Scotland; Gerard Greene, Chief Executive of Community Pharmacy Northern Ireland; and Russell Goodway, Chief Executive of Community Pharmacy Wales. Simon Dukes was also in attendance as an observer.

Discussion was focused around the strategies and objectives for community pharmacy in the devolved nations, plus examples of best practice from the different regions.

Key points and outcomes included:

- The witnesses identified key challenges for community pharmacy, including making clear the desire of pharmacy to move away from a contract modelled on dispensing.
- MPs heard about a number of areas of best practice from the devolved nations, including the Common Ailments Service in Wales and Scotland's Chronic Medication Service.
- Alex Chalk MP, PPS to Rt Hon Matt Hancock MP, asked what one take-away from the session should be so he could pass it on to the Health Secretary. The witnesses were in agreement that a key demand from community pharmacy from all four nations was that there needs to be a clearer vision from Government on the role it wants community pharmacy to play.
- The APPG published a report of its findings, including recommendations on how community pharmacy in England might be able to learn from examples within the devolved nations. The recommendations included that commissioners of community pharmacy services should develop clinical services that build on pharmacies' core role of dispensing medicines; that campaigns and services to keep people healthy need consistency and continued investment; and that executives in each nation must learn from and emulate each other's success at commissioning national services, and find ways to speed up the evolution of services from local to national level.
- The Chair of the APPG, Kevin Barron, has written to the Minister, Steve Brine MP, about the Group's recommendations.

The report and the letter to Steve Brine MP can be read via the Group's website at: <http://www.appg.org.uk/pharmacy-appg-sets-out-its-recommendations-to-the-minister-after-devolved-nations-evidence-session/>

More recently, the Group met on 15th January 2019 to discuss what the NHS Long Term Plan means for community pharmacy. The witnesses were: Prof John Newton, National Director of Health Improvement, Public Health England; Ed Waller, Director, New Business Models and Primary Care Contracts Groups, NHS England; Bruce Warner, Deputy Chief Pharmaceutical Officer, NHS England; and Tom Gentry, Senior Health Influencing Manager, Age UK.

Despite the vote on the Withdrawal Agreement taking place later that day, there were several MPs and peers present to question the witnesses, including: Sir Kevin Barron MP, Chair of the APPG; Steve

Double MP, APPG Vice Chair; Baroness Jolly, Liberal Democrat Health Spokesperson (Lords); plus Baroness Cumberlege and Lord Clement-Jones, who are both officers of the APPG. Julie Cooper MP was also in attendance.

Discussion was lively, and notable points included:

- The use of new technology was discussed – the witnesses felt it was ‘essential’ for pharmacies to have access to the single patient record. Baroness Cumberlege also described a negative experience with online repeat medication apps, and said she found visiting the community pharmacy more accessible.
- Baroness Jolly asked the witnesses whether a multiyear funding settlement was likely for the sector, although the witnesses stressed this was a commercial matter between PSNC and the DHSC.
- Julie Cooper MP questioned whether more community pharmacy services should be nationally commissioned. John Newton said there is often no need to nationally commission services, while Ed Waller stressed that populations are not the same.
- Julie Cooper MP also pressed Bruce Warner on his use of the term ‘clinical pharmacist’ for those based in a GP/hospital setting. Bruce Warner replied that he felt there is a distinction, and that over the years, not all pharmacists have been trained in the same way, and some deliver ‘quite complex’ clinical care.
- Steve Double MP asked the witnesses about perceived barriers to the community pharmacy sector. Bruce Warner noted that some of the uptake on clinical training programmes has been poor and that there is a need to engage with the sector to find out how to resolve this.

A full report of the meeting will be available on the APPG website (<https://www.appg.org.uk/news/>) shortly.

All-Party Pharmacy Group (APPG): Future Arrangements and Workplan

The All-Party Pharmacy Group (APPG) had a busy year in 2018, with outputs including the summer report into the role of community pharmacy in helping people with long-term conditions. This report was the culmination of an inquiry which saw the group engaging usefully with a number of patient groups, and it also provided a helpful focus for the joint pharmacy MP briefing session held in July.

The Group had been working to an agreed workplan for the year and the MPs are now considering their priorities for the Group’s work in 2019. Areas of interest are likely to include medicines shortages and Brexit; potential joint work with other APPGs on antimicrobial resistance, oral health and Hepatitis C; and Long Term Plan related issues.

The APPG is supported by a Secretariat which is run by Luther Pendragon. This arrangement followed a tender process in 2015, at which point PSNC, Pharmacy Voice and the Royal Pharmaceutical Society agreed to appoint Luther for a three-year term. In January, this term was extended for a further six months until the summer Parliamentary recess to allow the sponsors (now AIM, CCA, NPS, PSNC and RPS) to review the arrangements and to repeat the tender process.

Party Conference Activity 2019

The party conferences remain a useful meeting point for MPs and lobbyists, giving an opportunity for PSNC both to promote its key messages about community pharmacy and to network across the health and social care sector. Last year the Chief Executive and Director of Communications and Public Affairs attended the Labour and Conservative party conferences, and they will do so again in 2019.

It is important that community pharmacy has some presence at the two main conferences, and to facilitate this we are planning to partner with the other pharmacy organisations to deliver cost-effective events that would help to meet the sector's strategic influencing objectives. We should be able to use the event to engage with a wider range of people, including MPs, who could potentially influence policy makers on our behalf. So far, the NPA and AIM have indicated that they would be keen to partner with us, and we are considering what sort of event will enable to best reach key stakeholders with our core messages around promoting the value and potential of community pharmacy.

Subcommittee Action

The subcommittee is asked for:

- Feedback on the recent work of the APPG.
- Feedback on the contributions of Luther Pendragon and/or key asks for any future provider of the Secretariat service.
- Any strategic aims that the APPG could support community pharmacy to achieve and/or any specific suggestions that we can make for the group's future workplan.
- Thoughts on what the priority messages should be for our party conference work, and how those could best be delivered.

Subject	Pharmacy Communications
Date of meeting	6th February 2019
Committee/Subcommittee	Communications and Public Affairs
Status	Not confidential
Overview	An update on PSNC's communications for community pharmacy contractors and their teams, and on media work.
Proposed action(s)	None
Author(s) of the paper	Melinda Mabbutt

Pharmacy Communications

Introduction

Below is a round-up of the communications work undertaken by the PSNC Communications and Public Affairs Team since the last PSNC meeting.

Collaborative working with NHSBSA

Since summer 2018 the Communications and Dispensing & Supply Teams at PSNC have been working with staff at the NHS Business Services Authority (NHSBSA) to improve information being provided to community pharmacy teams about dispensing, claiming payment for and processing prescriptions. As well as improving communications on these topics, this has been a useful exercise in building a constructive working relationship with key NHSBSA staff.

With a particular focus on digital developments, NHSBSA staff have co-presented a number of PSNC webinars on: the Flu Vaccination Service (discussing the new digital claims process); end of month submission (describing how prescriptions are processed for payment and the trial of a new way to submit the FP34c submission document); and prescription charge exemptions and switching (explaining how to determine whether someone is entitled to free prescriptions, referencing the recent 'Check Before You Tick' campaign).

This work has also led to cross-promotion of activities through blogs and on social media. Current activity includes the office supporting Committee Member Mark Burdon in writing a blog about the Electronic Prescription Service for publication on the NHSBSA website.

Webinars and videos

It has been a busy period for webinars with an average of two per month (other than over the Christmas break).

PSNC held a Quality Payments webinar on 16th October. 456 people attended the webinar live out of 1,084 registered (that's a 42% attendance rate*). Analysis of the feedback received shows that 97% found the webinar useful, 91% said it was good at explaining the updated gateway criteria and 88% would recommend it to others. Some details were still unclear at the time of the webinar and so, in mid-December, a video update was published so that all relevant content was available to watch in one place. That video has been watched 144 times so far, but we will continue to promote it.

A webinar to discuss the details of the 2018/19 funding settlement was put together at short notice following the announcement of its agreement. Held just a week after the announcement, 152 people watched live with hundreds more viewing on-demand at a later date. In a feedback survey, 67% of attendees said it was good at outlining the settlement (including changes to the Single Activity Fee and Category M) and 73% said it was good at describing the differences that contractors will see in their payments.

Our webinar on the Falsified Medicines Directive (FMD) was held on 7th November 2018. 287 people attended the webinar on the night, with all of those who provided feedback stating that it was useful and 96% saying they would recommend watching it to others. A further 600+ have watched the on-demand version since.

As this paper was being prepared, webinars on Prescription charge exemptions and switching (22nd January) and the Data and Security Protection Toolkit (30th January) were due to be held. Details of these events can be provided at the meeting on request.

*Industry experts state that a conversion rate of anywhere between 35% and 45% is a strong result.

Proactive communications and pharmacy press coverage

In the past few months the Communications Team has provided comments to the pharmacy press on a range of topics including the 2018/19 funding settlement, the Flu Vaccination Service, the NHS Long Term Plan, medicine shortages and Brexit.

Queries on the funding settlement were fairly straightforward as the team had helped to ensure that media statements and informative briefings were prepared in advance. We also trialled a new approach and invited the pharmacy press to the PSNC office (under strict embargo) to be briefed on the detail of the settlement prior to the announcement being made later that day. The briefing session had good feedback and did seem to lead to more accurate reporting of the announcement with fewer press queries for the office to field in the subsequent days.

On the proactive front, PSNC Chief Executive Simon Dukes continues to write a monthly blog for Community Pharmacy News (CPN) magazine (also appearing in the new Blog section of the website) with Brexit and the Long Term Plan being recent topics. The Services Team has recently contributed a piece to Chemist+Druggist to provide advice and top tips on meeting various aspects of the Quality Payments Scheme. This is due to be published shortly.

Following the PSNC planning meeting in November we published a comprehensive summary of the issues discussed on the website. This can be viewed at: <https://psnc.org.uk/our-news/psnc-annual-planning-meeting-report/> The report led to a number of pharmacy press articles and the RPS in particular issued helpful statements supporting PSNC around some of the more difficult topics. The report also led to a request for the Chief Executive to write an opinion article for the PJ, which has now been submitted.

National media work

The majority of time devoted to press queries in December and January was spent on briefing national media contacts who had picked up on generic medicine supply issues. Many journalists picked up on our letter to the Health and Social Care Select Committee and have been interested in the possible link to concerns around Brexit. Further details on this coverage have been included in **Appendix CPA 02/02/2019**.

Briefings report

Topics covered in Briefings published since the last committee meeting included numerous aspects of the Quality Payments Scheme, detailed information and FAQs on the community pharmacy funding settlement, and an explanation of how the price concession system operates. Factsheets and guides were produced on FMD, completing the Data and Security Protection Toolkit and actions for pharmacy contractors to prepare for a no-deal Brexit.

For more information on any of these briefings, please visit PSNC's Briefings Database at: psnc.org.uk/briefings

PSNC digital communications reports

October 2018 overview: The 2018/19 pharmacy funding announcement, distribution problems relating to adrenaline auto-injectors and the publication of the paperwork for the national clinical audit were big topics this month.

Our largest peak in website numbers was on Wednesday 17th, the morning after a news alert was sent about a new validation protocol for the supply of adrenaline auto-injectors.

November 2018 overview: Price concessions, upcoming changes to the prescribing of gluten-free foods and Quality Payments guidance gained the most interest from website visitors this month.

Our largest peak in website numbers was on Thursday 22nd, the same day that we sent an email newsletter leading with the publication of November's CPN magazine. It was also the day after we published our briefing about changes to the availability of gluten-free foods on NHS prescription.

December 2018 overview: There were more fluctuations than seen in previous months, reflecting the increased workload for community pharmacy teams at this time of year and then the bank holidays on 25th and 26th. Popular topics included Brexit contingency planning, the national clinical audit and gluten-free prescribing.

Our largest peak in website numbers was on Monday 3rd, the day we published a reminder about changes to the availability of gluten-free foods on NHS prescription as well as the final update to November's price concession list.

Full statistics reports overleaf.

Conclusion

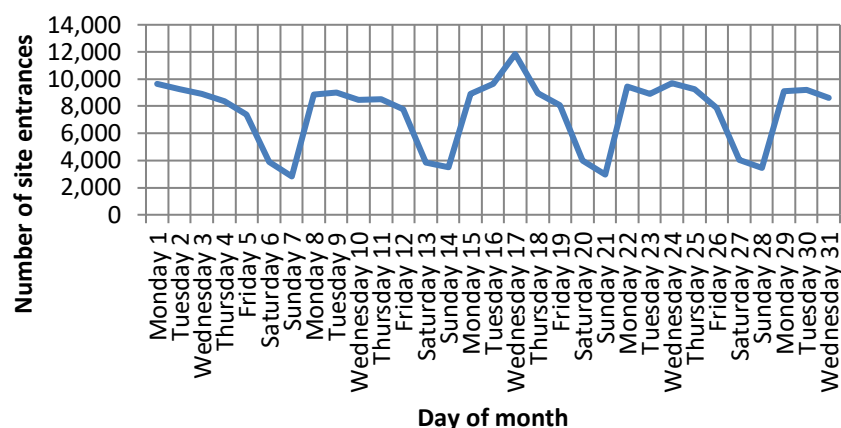
This paper has been created just for review; no action is required. However, subcommittee members are welcome to share their feedback or questions on any of the above.

October 2018: PSNC comms statistics report

PSNC Website

Audience	October	September
Number of unique visitors (site entrances)	234,220	197,340
Number of unique pageviews	401,934	349,910

Number of people visiting the website each day



Pages	Views
Price concessions and NCSO	27,055
EPS Prescription Tracker	9,730
Flu Vaccination – record keeping and data requirements	9,125
Flu Vaccination Service	7,790
Flu Vaccination FAQs	5,836

News stories	Date	Views
Adrenaline 150 microgram auto-injectors supply	16 Oct	5,708
Extended use of EpiPen® adrenaline auto-injectors	1 Oct	2,329
Inadvertent administration of inappropriate flu vaccine	1 Oct	1,878
Funding of £2.592bn agreed for 2018/19	22 Oct	1,871
PGD addendum published for Flu Vaccination Service	15 Oct	1,673

PSNC Briefings	Views
051/18: A summary of the second Quality Payments Scheme 2018/19	2,713
050/18: Adjuvanted trivalent inactivated influenza vaccine (aTIV)	1,284
043/18: Factsheet – Eligible groups for the Flu Vaccination Service	909
030/15: Services Factsheet – National Target Groups for MURs	818
042/18: Guidance on Seasonal Influenza Vaccination Advanced Service	562

Webinars	Plays
Quality Payments: February 2019	456
Funding 2018/19 webinar	152
Flu Vaccination Service 2018/19	68

PSNC Emails

PSNC Newsletter	October	September	Other health newsletters
Open rate	34%	31%	25%
Click rate	5%	5%	3%
Clicks to opens	15%	16%	10%

LPC News	October	September
Open rate	46%	36%
Click rate	9%	3%
Clicks to opens	16%	9%

Social media

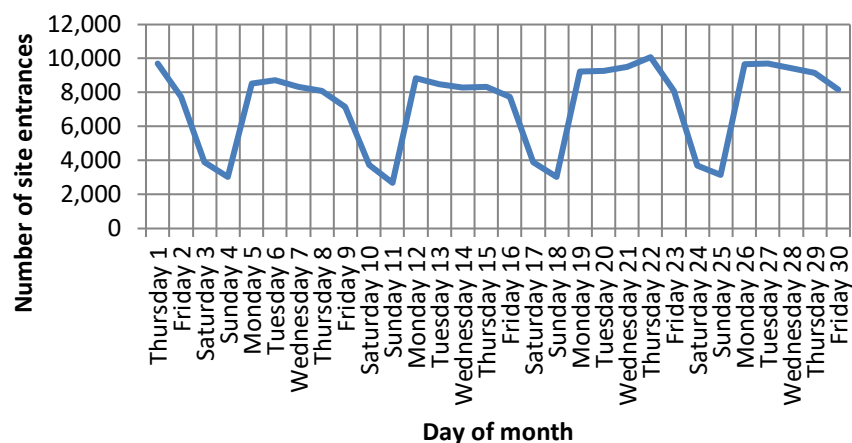
	October	September
Twitter reach	133K	111K
Twitter interactions	1,548	1,175
Facebook reach	12,369	4,240
Facebook interactions	1,927	409
LinkedIn reach	6,640	9,517
LinkedIn interactions	322	319

November 2018: PSNC comms statistics report

PSNC Website

Audience	November	October
Number of unique visitors (site entrances)	219,512	234,220
Number of unique pageviews	376,653	401,934

Number of people visiting the website each day



Pages	Views
Price concessions and NCSO	32,983
EPS Prescription Tracker	9,784
Flu Vaccination – record keeping and data requirements	6,611
Quality Payments	5,817
Controlled Drug prescription forms and validity	5,020

News stories	Date	Views
Restriction of gluten-free foods on NHS prescriptions	21 Nov	1,318
October 2018 Price Concessions/NCSO – FINAL update	1 Nov	944
Update to adrenaline auto-injector validation protocol	6 Nov	939
Medicinal cannabis available on NHS prescriptions	30 Oct	921
Flu vaccine ordering for 2019/20	20 Nov	907

PSNC Briefings	Views
051/18: A summary of the second Quality Payments Scheme 2018/19	2,190
061/18: Changes to availability of gluten-free foods on NHS prescription	1,074
058/18: Getting ready for FMD – a quick guide for the pharmacy team	1,001
030/15: Services Factsheet – National Target Groups for MURs	858
060/18: Quality Payments – Asthma referrals	777

Webinars	Plays
FMD webinar	531
Funding 2018/19 webinar	130
Quality Payments: February 2019	67

PSNC Emails

PSNC Newsletter	November	October	Other health newsletters
Open rate	33%	34%	25%
Click rate	4%	5%	3%
Clicks to opens	13%	15%	10%

LPC News	November	October
Open rate	36%	46%
Click rate	2%	9%
Clicks to opens	7%	16%

Social media

	November	October
Twitter reach	134K	133K
Twitter interactions	1,326	1,548
Facebook reach	4,865	12,369
Facebook interactions	649	1,927
LinkedIn reach	3,841	6,640
LinkedIn interactions	147	322

December 2018: PSNC comms statistics report

PSNC Website

Audience	December	November
Number of unique visitors (site entrances)	181,453	219,512
Number of unique pageviews	302,504	376,653



Pages	Views
Price concessions and NCSO	32,254
EPS Prescription Tracker	8,228
Quality Payments	5,583
National clinical audit – Flu vaccination for people with diabetes	5,288
Controlled Drug prescription forms and validity	3,998

News stories	Date	Views
Gluten-free foods restricted on NHS prescriptions	3 Dec	1,643
Brexit Contingency Planning: Update for Pharmacies	7 Dec	1,267
December edition of CPN magazine now available	19 Dec	1,142
November 2018 Price Concessions/NCSO – Final update	3 Dec	1,016
Quality Payments: Gateway criteria report now available	7 Dec	721

PSNC Briefings	Views
051/18: A summary of the second Quality Payments Scheme 2018/19	1,607
061/18: Changes to availability of gluten-free foods on NHS prescription	1,362
030/15: Services Factsheet – National Target Groups for MURs	618
058/18: Getting ready for FMD – a quick guide for the pharmacy team	498
065/18: Quality Payments – Evidence checklist	365

Webinars	Plays
Quality Payments: February 2019 (video update)	78
FMD webinar	49
Quality Payments: February 2019	16

PSNC Emails

PSNC Newsletter	December	November	Other health newsletters
Open rate	32%	33%	25%
Click rate	4%	4%	3%
Clicks to opens	13%	13%	10%

LPC News	December	November
Open rate	n/a	36%
Click rate	n/a	2%
Clicks to opens	n/a	7%

Social media

	December	November
Twitter reach	85.6K	134K
Twitter interactions	856	1,326
Facebook reach	4,556	4,865
Facebook interactions	372	649
LinkedIn reach	3,717	3,841
LinkedIn interactions	146	147

Appendix CPA 07/02/2019

Subject	Parliamentary Work
Date of meeting	6th February 2019
Committee/Subcommittee	Communications and Public Affairs
Status	Not Confidential
Overview	A report of PSNC's recent work to engage with Parliamentarians.
Proposed action(s)	None
Author(s) of the paper	Jessica Ferguson

Parliamentary Work

MP Engagement and Briefings

During the autumn, the main focus of our public affairs work was to engage with NHS England to input into the NHS Long Term Plan. Alongside that engagement with officials, we led the production of a [briefing](#), intended for MPs, setting out where we thought pharmacy could contribute to the long-term future of the NHS. This was signed off and endorsed by all the national pharmacy organisations and we circulated among supportive MPs as well as highlighting it to LPCs as a possible resource for them to share with their MPs.

Also during the autumn we briefed supportive MPs and Peers on the outcome of the Judicial Review and on the community pharmacy funding settlement for 2018/19.

Brexit has absorbed virtually all Parliamentary time and focus over the past few months, so likewise our MP briefings have focused on medicines shortages and the role that pharmacies are playing to resolve these for patients. Following a meeting with her, we wrote officially to Dr Sarah Wollaston, Chair of the Health and Social Care Committee, to set out the current position re medicines supply as well as to explain our concerns about the possible impact of a no deal Brexit and the measures we would like to see put in place to ease pressure on pharmacies. The letter is available [here](#). The letter has proved a useful document to explain our position to MPs, and we have used it to brief a number of Peers ahead of an oral question on medicines supply; supportive MPs; and MPs who have signed up to a new All-Party Group on access to medicines.

Our briefings have led to meetings with a number of Parliamentarians during the last three months:

- Anne Marie Morris MP, Chair of the APPG on Access to Medicines and Medical Devices;
- Baroness Jolly, Lords Health Spokesperson for the Liberal Democrats;
- Bridget Phillipson MP, Member of the Public Accounts Committee; and
- Dr Sarah Wollaston MP, Chair of the Health Select Committee.

Brief reports of these meetings are set out below.

Anne Marie Morris MP

Anne Marie Morris is the Conservative MP for Newton Abbott. She is also the Chair of the All-Party Parliamentary Group on Access to Medicines and Medical Devices. This is a newly-formed APPG, which held its first AGM in September 2018. PSNC met with Anne-Marie in December 2018 to discuss her priorities for the APPG and its scope. The group has a broad focus and will be looking at issues such as NICE criteria for drug access, specials, and the mechanics of the medicines pricing system, among other issues. The Director of Communications and Public Affairs and the Director of Pharmacy Funding briefed Anne-Marie on supply chain issues from community pharmacy's perspective and have agreed to keep her informed on this issue. There may be useful ways for PSNC to engage with the new APPG in the future.

Baroness Jolly

Baroness Jolly requested a meeting after receiving our briefing on the community pharmacy funding settlement for 2017/18. We had a useful discussion about where the sector is at the moment and where we would like to get to. Following our meeting Baroness Jolly tabled a number of Questions to Government:

- What consideration they have given to the role that community pharmacies could play in supporting the delivery of the NHS Long Term Plan;
- What consideration they have given to using community pharmacies as part of a national self-care strategy; and
- What plans they have to use community pharmacies as the first port of call for patients with minor ailments.

Baroness Jolly also attended the latest APPG meeting on the NHS Long Term Plan and made several contributions, notably about the possibility of a multi-year funding settlement for the community pharmacy sector. She said that funding had been raised as a concern by all of the pharmacies and pharmacy organisations that she had engaged with.

Bridget Phillipson MP

Bridget Phillipson is the Labour MP for Houghton and Sunderland South. She is also a member of the Public Accounts Committee and of the APPG on Access to Medicines. We met with Bridget in December 2018 to update her on recent developments, including the 2018/19 flu season, our contribution to the NHS Long Term Plan, and Brexit. PSNC is in regular contact with Bridget as she is a community pharmacy supporter and this meeting was set up to bring her up to speed since our last point of contact in July.

Jonathan Ashworth MP

Jonathan Ashworth is the Labour MP for Leicester South. He is also the Shadow Secretary of State for Health. In October 2018, PSNC was approached by Jonathan's team for briefing materials ahead of an event. Jonathan has since tabled many helpful questions to the Government about the community pharmacy sector, including:

- What assessment the DHSC has made of the effect of the Stay Well Pharmacy campaign on (a) promoting the expertise of pharmacists and (b) reducing preventable emergency admissions to hospital; and
- What discussions have been had with pharmaceutical companies on the planning for the UK leaving the EU without a deal.

Dr Sarah Wollaston MP

Dr Sarah Wollaston is the Conservative MP for Totnes. She is also the Chair of the Health and Social Care Select Committee. The Chief Executive and Director of Communications and Public Affairs met with Dr Wollaston in December 2018 to discuss medicines supply in the event of a no-deal Brexit. Following the meeting, PSNC set out these discussions and its position on Brexit and medicines supply in a [letter](#). The letter gained coverage in the national media, which has been outlined earlier in this agenda.

Parliamentary Business and Questions

A number of questions on community pharmacy have been asked in Parliament in recent months, including:

- Bim Afolami, MP for Hitchin and Harpenden: asked the Secretary of State what his views are for community pharmacy as part of the strategy of prevention?
The SoS responded: "Community pharmacies have a hugely important role to play in keeping people out of hospital and in supporting GP surgeries by doing more. Here, it is the French model that I look to for inspiration, but we should look all across the world to improve our health service."
- Pauline Latham, MP for Mid Derbyshire said: "In my constituency of Mid Derbyshire, there is an amazing group of community pharmacies that are saving people going into hospital and getting them out quicker. I invite my right hon. Friend to come and see them. He does not need to go to France; he can come to Mid Derbyshire instead."
- Steve Double, MP for St Austell and Newquay, and APPG Vice Chair asked what plans the Government has to support and enhance the role of community pharmacists;
Stephen Barclay responded: My hon. Friend is right to draw attention to the valuable role played by pharmacies. This is part of a wider education campaign within the NHS and increased access to clinicians, such as through 111, is another component of that. We want to ensure that rather than people's first port of call being a GP, they access the NHS and pharmacies at the appropriate time.

- Jonathan Ashworth MP (Shadow Secretary of State for Health): asked what estimate had been made of the cost to the public purse of the NHS stockpiling of six weeks' worth of medicines; and
- Grahame Morris MP: asked what the annual cost to the NHS is of providing a prescription delivery service.

Jenny Chapman MP

Jenny Chapman, Labour MP for Darlington, asked a series of questions about potential reforms to the community pharmacy sector (including reimbursement), which were answered by Steve Brine MP:

Jenny Chapman: To ask the Secretary of State for Health and Social Care, with reference to page 82 of the NHS Long Term Plan, what specific reforms to reimbursement and supply arrangements for community pharmacy his Department is considering.

Steve Brine: As outlined in the published final package of, 'Community Pharmacy in 2016/17 and beyond', the Government is committed to pursuing a number of reimbursement reforms and taking steps to improve the prescription ordering journey to maximise patient choice and convenience.

The reimbursement reforms include:

- 'non-Part VIII' products, i.e. products with no reimbursement price listed in Part VIII of the Drug Tariff;
- changes to Category M for certain generic medicines to better reflect their market price;
- changes to the margin survey to account for multiple suppliers for 'non-Part VIII' products and Category C products;
- 'splitting the discount' - to reflect that in general generic medicines have increased margin over brands; and
- changes to the way Category A prices are set.

The Government has also recently committed to reforming reimbursement arrangements for specials.

Jenny Chapman: To ask the Secretary of State for Health and Social Care, what recent discussions his Department has had with the Cabinet Office on potential reforms to the community pharmacy sector.

Steve Brine: As is customary, the Department regularly engages the Cabinet Office across a wide range of policy issues. Ongoing discussions continue between the Department and the Cabinet Office on the role of community pharmacy and the important contribution of pharmacy teams as outlined in the NHS Long Term Plan.

Jenny Chapman: To ask the Secretary of State for Health and Social Care, whether his Department has plans to renegotiate the community pharmacy contractual framework; and if he will make a statement.

Steve Brine: The Department will be seeking to renegotiate the Community Pharmacy Contractual Framework. Community pharmacies play a vital role within our health and care system and the Department remains committed to working closely with the Pharmaceutical Services Negotiating Committee to better utilise the reach and skill set of pharmacy teams.

Jenny Chapman: To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 29 October 2018 to Question 181567, to list (a) the distance selling pharmacies used in the calculation provided in that

Answer, (b) the average number of items dispensed each month for each in 2017/18 and (c) the average fee earned per prescription item for each in 2017-18.

Steve Brine: The list of distance selling pharmacies used in that calculation is in the attached table alongside their average number of prescription items in 2017/18. It would prejudice companies' commercial interest to disclose the average fee per prescription item for each individual contractor and for this reason this information is provided as a range between £1.25 and £23.74.

The following document(s) are referenced by this answer

Jenny Chapman: To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 29 October 2018 to Question 181567, what the average fee per prescription item is including the retained medicine margin for (a) a pharmacy which dispensed an average mean number of prescription items in 2017-18, (b) a pharmacy which dispensed the highest number of prescription items in 2017-18, (c) a pharmacy which dispensed the lowest number of prescription items in 2017-18 and (d) a pharmacy which is in the bottom quartile of all pharmacies for the number of prescription items it dispensed in 2017-18.

Steve Brine: The following table shows the average fee relating to essential services per prescription item for pharmacies with different levels of dispensing activity for the period 2017/18 and also includes medicine margin.

Average fee per prescription item including margin

Pharmacy with mean number of prescription items	£2.37
Pharmacy with highest number of prescription items	£2.10
Pharmacy with lowest number of prescription items	£2.07
Pharmacy with lowest quartile number of prescription items	£2.57

We have calculated total fees as the sum of all essential service fees, including establishment payments and quality payments. It excludes any advanced service fees as these are payments for activity not related to dispensing. Any funding received via retained medicine margin, and any payments relating to the Pharmacy Access Scheme have similarly been excluded from this analysis and so would need to be separately considered.

The medicine margin retained by individual pharmacy contractors is not known, therefore it can only be calculated by using the number of pharmacy contractors and the total medicine margin as per the Community Pharmacy Contractual Framework (which in 2017/18 was £800 million).

Wayne David MP

Wayne David, Labour MP for Caerphilly, asked a series of questions about the time frame and restrictions of the Serious Shortage Protocol, which were answered by Steve Brine MP:

Wayne David: To ask the Secretary of State for Health and Social Care, whether the Serious Shortage Protocols for medicines are time-limited.

Steve Brine: The Department engaged with a wide range of stakeholder representative bodies about the proposals and also conducted a written consultation. The Department received 47 responses to its written consultation including from industry, patients', pharmacists' and doctors' representative bodies. The responses to the consultation were broadly supportive.

The Statutory Instrument is expected to be laid shortly and come into force before 29 March. Any serious shortage protocol would be developed with and signed off by clinicians. Only if clinicians deem it appropriate, an alternative quantity, strength, pharmaceutical form or medicine can be dispensed in line with the protocol.

A protocol is only one of the tools that can be used to manage shortages. The Department manages shortages in collaboration with manufacturers and suppliers, the National Health Service and the Medicines and Healthcare products Regulatory Agency and will continue to do so. A protocol would only be introduced in case of a serious shortage, if it would help manage the supply situation and if clinicians think it is appropriate, taking account of the risks to and well-being of patients and after discussion with the manufacturer and/or marketing authorisation holder.

Any serious shortage would be time limited and the protocol itself would indicate the period during which it has effect.

Wayne David: To ask the Secretary of State for Health and Social Care, what the timeframe is for the introduction of Serious Shortage Protocols for medicine.

Steve Brine: The Department engaged with a wide range of stakeholder representative bodies about the proposals and also conducted a written consultation. The Department received 47 responses to its written consultation including from industry, patients', pharmacists' and doctors' representative bodies. The responses to the consultation were broadly supportive.

The Statutory Instrument is expected to be laid shortly and come into force before 29 March. Any serious shortage protocol would be developed with and signed off by clinicians. Only if clinicians deem it appropriate, an alternative quantity, strength, pharmaceutical form or medicine can be dispensed in line with the protocol.

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Any serious shortage would be time limited and the protocol itself would indicate the period during which it has effect.

Wayne David: To ask the Secretary of State for Health and Social Care, what consultation his Department has undertaken on proposals for the introduction of Serious Shortage Protocols for medicines.

Steve Brine: The Department engaged with a wide range of stakeholder representative bodies about the proposals and also conducted a written consultation. The Department received 47 responses to its written consultation including from industry, patients', pharmacists' and doctors' representative bodies. The responses to the consultation were broadly supportive.

The Statutory Instrument is expected to be laid shortly and come into force before 29 March. Any serious shortage protocol would be developed with and signed off by clinicians. Only if clinicians deem it appropriate, an alternative quantity, strength, pharmaceutical form or medicine can be dispensed in line with the protocol.

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Any serious shortage would be time limited and the protocol itself would indicate the period during which it has effect.

Wayne David: To ask the Secretary of State for Health and Social Care, what safeguards his Department has put in place to ensure that medical Serious Shortage Protocols do not pose risk to the well-being of patients.

Steve Brine: The Department engaged with a wide range of stakeholder representative bodies about the proposals and also conducted a written consultation. The Department received 47 responses to its written consultation including from industry, patients', pharmacists' and doctors' representative bodies. The responses to the consultation were broadly supportive.

The Statutory Instrument is expected to be laid shortly and come into force before 29 March. Any serious shortage protocol would be developed with and signed off by clinicians. Only if clinicians deem it appropriate, an alternative quantity, strength, pharmaceutical form or medicine can be dispensed in line with the protocol. A protocol is only one of the tools that can be used to manage shortages. The Department manages shortages in collaboration with manufacturers and suppliers, the National Health Service and the Medicines and Healthcare products Regulatory Agency and will continue to do so. A protocol would only be introduced in case of a serious shortage, if it would help manage the supply situation and if clinicians think it is appropriate, taking account of the risks to and well-being of patients and after discussion with the manufacturer and/or marketing authorisation holder.

Stephen Pound MP

Stephen Pound, Labour MP for Ealing North, asked two questions about staffing, which received an answer from Steve Brine MP:

Stephen Pound: To ask the Secretary of State for Health and Social Care, whether he has plans to allow a pharmacy to open without a registered pharmacist being present.

Stephen Pound: To ask the Secretary of State for Health and Social Care, whether there are plans to allow pharmacy technicians to replace registered pharmacists in community pharmacies.

Steve Brine: The Government currently has no plans allow a pharmacy to open without a registered pharmacist being present, or for pharmacy technicians to replace registered pharmacists in community pharmacies. The four United Kingdom health departments consulted from June to September 2018 on proposals to strengthen and clarify the organisational governance requirements of registered pharmacies, particularly around the roles and responsibilities of Responsible Pharmacists and Superintendent Pharmacists. The proposals do not amend the existing law requiring a pharmacist to be present at all times that a pharmacy is open for the provision of pharmaceutical services. The Government is considering consultation responses.

Baroness Jolly

As well as the questions tabled as a result of our meeting with her, Baroness Jolly put forward some additional questions to the Lords relating to the community pharmacy sector.

Baroness Jolly: What plans they have to expand the range of drugs covered by the New Medicines Scheme in community pharmacies.

Lord O'Shaughnessy: There are no current plans to expand the New Medicine Service. All changes to the community pharmacy contractual framework are made following negotiations with the Pharmaceutical Services Negotiating Committee.

Baroness Jolly: What plans they have to expand the number of prescribing pharmacists.

Lord O'Shaughnessy: Pharmacists prescribers are currently working across a range of services in both secondary and primary care. As part of a planned programme of expansion, additional pharmacists are being recruited to work in patient facing roles in general practice. They will be treating patients using their expert knowledge of medicines for specific disease areas and they will either be prescribers, or training to become one. As of October 2018, 876 clinical pharmacists have been recruited, and we have been informed by NHS England that it is committed to recruiting an additional 1,950 clinical pharmacists in general practice by 2020/21.

Baroness Jolly: What impact assessment they have carried out on the possible decommissioning of the Minor Ailments Scheme.

Lord O'Shaughnessy: No assessment of the impact of decommissioning of local Minor Ailment Schemes (MAS) has been undertaken nationally. MASs are currently commissioned locally by the National Health Service according to need. A pilot digital minor illness referral service (DMIRS) commenced last year in the North East with direct referrals from NHS 111 to community pharmacy. Building on this three further DMIRS pilots, supported by the Pharmacy Integration Fund, were launched in November 2018, in Devon, London and East Midlands. An evaluation will inform next steps.

Baroness Jolly: How the Pharmacy Integration Fund has been spent; and what plans they have for the future of the fund.

Lord O'Shaughnessy: The Pharmacy Integration Fund (PhIF) has been used to support the employment of pharmacists in integrated urgent care, general practice and care homes where their expert knowledge of medicines is helping to ensure the best care for patients. It has also been used to fund pilots of the supply of urgent medicines to patients without the need for a general practitioner appointment as well as the referral of patients, presenting with minor illness, direct from NHS111 or NHS Online to community pharmacy. These programmes are aimed at better utilising the skillset and reach of community pharmacy teams to support the wider health service. They are being underpinned by several new education and leadership programmes which are also being funded by the PhIF. The Government remains committed to this programme and we are continuing to invest in the development of community pharmacy through this fund. Most recently, NHS England announced their plans for a new pilot scheme, with investment of £1 million from the PhIF, to develop system leadership within pharmacy. These pharmacy leaders will set the vision for pharmacy and medicines optimisation within their area, and will support the delivery of a NHS Pharmacy and Medicines Optimisation Transformation Plan, making the best use of pharmacy in meeting local and national health priorities.

Subject	Wider Public Affairs Work
Date of meeting	6th February 2019
Committee/Subcommittee	Communications and Public Affairs
Status	Not confidential
Overview	A summary of PSNC's engagement with charities and patient representatives.
Proposed action(s)	None
Author(s) of the paper	Zoe Long

Wider Public Affairs Work

Charities

Following positive introductory meetings over the summer, we have continued to engage with a number of national charities. Key work has included:

- Versus Arthritis (the merger of Arthritis UK and Arthritis Research): the charity have been delighted with the support that we have given for their communications to pharmacists. We have helped them to recruit some pharmacist reviewers and are now promoting their training programme for healthcare professionals as below. They are very interested in our care plan proposals and in how community pharmacists could do more to help people with arthritis.



MSK Champions Versus Arthritis

Versus Arthritis, together with international business school Ashridge Executive Education, has created a bespoke leadership initiative, which will support healthcare professionals like you to become a Champion of musculoskeletal (MSK) care.

If you are passionate about leading change in MSK care, apply for the June 2019 cohort of the 'MSK Champions programme' from Monday 14th January 2019. Find out more and apply please visit the [Versus Arthritis website](https://www.versusarthritis.org) or email champions@versusarthritis.org

VERSUS ARTHRITIS

- Sepsis Trust: we are aiming to publish an article in February's edition of CPN to highlight information and resources from the Trust for healthcare professionals. This work is being done with NHS England, who are working closely with the Trust.
- British Heart Foundation: we provided information for the charity's website on flu vaccinations and the pharmacy flu service, and Sunil Kocchar has also contributed an article for their patient magazine Heart Matters.
- Alzheimer's Society: the charity is interested in whether the dementia friendly pharmacy concept might be extended further, and we had a useful meeting to discuss this.

The charities have also expressed an interest in receiving materials from PSNC which could be used to update their helpline teams on community pharmacy, enabling those teams to direct callers to appropriate pharmacy services. The Services Team are considering possible training materials to facilitate this.

Other healthcare professionals

The Director of Communications and Public Affairs has been in contact with the British Medical Association (BMA), the Association of Optometrists (AOP) and the British Dental Association (BDA) to talk about areas of shared interest and possible joint public affairs work. We liaised with the BDA and AOP on our work to influence the Long Term Plan and will continue to do so, and we are due to meet with the BMA soon to try to align messaging on Brexit and medicines supply issues.