PSNC Service Development Subcommittee Agenda

for the meeting to be held on Wednesday 4th September 2019

at 14 Hosier Lane, London, EC1A 9LQ

commencing at 10.30am

Members: Richard Bradley, Clare Kerr, Sunil Kochhar, 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 01/09/2019**)
5. Actions and Matters Arising

Action

6. Healthy Living Pharmacy status becoming a Terms of Service requirement (**Confidential Appendix SDS 02/09/2019**)
7. The Government's Prevention Green Paper (**Appendix SDS 03/09/2019**)
8. Hepatitis C Testing Service (**Confidential Appendix SDS 04/09/2019**)
9. Medicines optimisation services within the CPCF (**Appendix SDS 05/09/2019**)
10. Community Pharmacist Consultation Service (**Confidential Appendix SDS 06/09/2019**)

Report

11. Update on NHS IT projects (**Appendix SDS 07/09/2019**)
12. Final report from PSNC's Research Fellow (**Appendix SDS 08/09/2019**)
13. Any other business

Minutes of the PSNC Service Development Subcommittee meeting

held on Wednesday 22nd May 2019

at 14 Hosier Lane, London, EC1A 9LQ

Present: Richard Bradley, Clare Kerr, Sunil Kochhar, Faisal Tuddy, Gary Warner (Chair)

In attendance: Sian Retallick, Alice Hare, Mark Burdon, Garry Myers, Bharat Patel, Fin McCaul, Indrajit Patel, Mark Griffiths, David Broome, Anil Sharma, Margaret MacRury, Alastair Buxton, Zainab Al-Kharsan, Melinda Mabbutt.

Item 1 – Welcome from Chair

Item 2 – Apologies for absence

2.1. Apologies for absence were received from Prakash Patel.

Item 3 – Conflicts or declarations of interest

3.1. No new conflicts of interest were declared.

Item 4 – Minutes of the last meeting

4.1. The minutes of the subcommittee meeting held on 6th February 2019 were agreed.

Item 5 – Actions and Matters arising

5.1. Actions 1 to 3 had been completed. Action 4 – a discussion with the Community Pharmacy patient safety group on the removal of information on maternity exemption claims due to the implementation of Real Time Exemption Checking (RTEC) will take place at the group's next meeting on 29th May 2019.

Item 6 – General Pharmaceutical Council consultation on guidance for pharmacist prescribers

6.1. The subcommittee considered the GPhC consultation document and agreed that the guidance covered all the key issues and a supportive response to the consultation will be submitted to GPhC.

Action 1: Submit a response to the GPhC consultation on behalf of PSNC (Alastair Buxton).

Item 7 – Reducing the climate change impact of inhalers

7.1 The subcommittee reviewed the NHS Sustainable Development Unit's paper on reducing the climate change impact of inhalers. The proposals seemed sensible and it was appropriate for

community pharmacy to play its part in addressing this environmental issue, starting with more focus on encouraging patients to safely dispose of their pMDI inhaler canisters.

Recommendation: The subcommittee recommended that PSNC should endorse the NHS Sustainable Development Unit's paper on reducing the climate change impact of inhalers.

Item 8 – Vaccination and Immunisations Review

8.1 The subcommittee considered the information in the agenda paper and then discussed which vaccinations should be considered for discussing with NHS England and Public Health England (PHE), as vaccines that community pharmacists could potentially administer as part of an NHS service.

8.2 The challenge of some vaccines being centrally procured was considered, but it was decided that this should not be seen as a block to pharmacy potentially being able to administer these vaccines. It was agreed that any of the vaccines in the schedule being administered to adults and children from one year old could be included in the scope of a community pharmacy service.

8.3 The issue will be raised with NHS England in the prevention discussions within the current negotiations.

Action 2: Raise community pharmacy's potential to participate in administering the full range of vaccinations in the current round of negotiations (Alastair Buxton).

Item 9 – Update on NHS IT projects

9.1 The subcommittee noted the information in the agenda paper. Alastair Buxton provided an update on recent discussions with NHS Digital which had occurred after the agenda paper was finalised.

9.2 It was expected that authority for Positive Solutions Ltd. to roll out RTEC to all its community pharmacy customers would be granted shortly after the initial pilot had been deemed a success. The office had supported this move on the condition that there was further monitoring of the first wave of pharmacies to receive the update, to ensure no problems were identified with the software changes as part of the wider deployment.

9.3 In the EPS Phase 4 pilot, a further wave of 37 general practices is going live up to 10th June 2019 to help determine recommendations for national deployment. In order to address the issue with confusion between EPS tokens caused by the GP tokens being printed on green FP10 forms, NHS Digital have reported that some pharmacies are printing white dispensing tokens for the prescriptions and are shredding the green EPS Phase 4 tokens. NHS Digital is continuing work on this issue to seek a resolution.

9.4 While there is a range of EPS usage levels in the pilot practices, some of them were now using EPS for around 95% of all prescriptions. NHS Digital are continuing work to look at what causes EPS not to be used in the pilot practices.

9.5 NHS Digital had shared the following draft timetable for rollout of EPS Phase 4, should the pilot be deemed a success by all stakeholders, including PSNC:

- Additional pilot sites live by mid-June 2019;
- Pilot evaluation period commences 17th June 2019;
- Pilot evaluation period completes 19th July 2019;
- Key stakeholders (PSNC, Joint GP IT Group, NHSBSA, DHSC and NHS England) agree whether national deployment can commence by 31st July 2019;
- NHS Digital will undertake independent activity to stakeholder involvement to grant Full Rollout Approval (FRA) to prescribing system suppliers by 31st July 2019;
- National deployment commences 2nd September 2019; and
- National deployment completes by 31st March 2020.

9.6 This timetable will require PSNC to make a decision on whether it is content for Phase 4 rollout to commence before the next scheduled Committee meeting. Alastair Buxton asked the subcommittee whether it would be content to:

a) delegate the decision on rollout to its IT group members (David Broome, Fin McCaul and Sunil Kochhar) plus three multiple representatives; or alternatively
b) for David Broome, Fin McCaul and Sunil Kochhar to continue to provide detailed scrutiny of the pilot, with input from the joint Community Pharmacy IT Group, but a final decision on rollout is made remotely by the Committee - a written report would be provided by NHS Digital summarising the findings of the pilot, including actions taken to address any problems identified. A Zoom meeting would then be held for all those Committee members that wish to discuss the findings from the pilot and rollout, followed by a decision on whether to approve rollout being made by email.

Action 3: Ask the Committee at the plenary meeting on 23rd May 2019, which option it wishes to adopt (Gary Warner).

9.7 The ongoing issue with mixed scripts containing "normal" items and Controlled Drugs was noted; GPhC had expressed concern about this in recent inspection reports. The concern of the regulator could be used in seeking to persuade NHS Digital to require changes to be made to the GP clinical systems so CDs are issued on separate scripts.

Item 10 – Any other business

10.1 The subcommittee considered the draft PSNC policy asks which had previously been reviewed by the Communications and Public Affairs subcommittee.

10.2 The Service Development asks looked appropriate, but they could be made a little broader, e.g. commissioning of national public health services, starting with stop smoking and EHC services. The reference to a "screening service" should be changed to a "case-finding service".

On the PCNs and Local Commissioning asks, the wording of the first ask should be clarified to make it clear that it is referring to the development of service specifications for the network Directed Enhanced Services. On the second ask, the wording could be edited to make it clear that the aim was for there to be collaborative development of such service specifications by PSNC, NHS England and PHE, with an expectation that these are then used in local commissioning by local authorities.

The point on records access should be amended to just refer to local health and care records.

Return to agenda item

Subject	Advancing our health: prevention in the 2020s; the Government's Green Paper on Prevention
Date of meeting	4th September 2019
Committee/Subcommittee	SDS
Status	Public
Overview	In July 2019, the Government published a Green Paper consultation document, *Advancing our health: prevention in the 2020s* which outlines policy ideas to help prevent and detect ill-health at an earlier stage. A summary of the key elements which are of most relevance to community pharmacy is provided in this paper. The Green Paper asks for responses on a wide range of questions posed within the document, including one on the future role of community pharmacy in relation to prevention.
Proposed action	PSNC will make a response to the consultation questions. The subcommittee is asked to consider which questions are most appropriate to be answered and the key points which may be made in our response.
Authors of the paper	Zainab Al-Kharsan and Alastair Buxton

Summary of the key points in the Green Paper

Introduction

In July 2019, the Government published a Green Paper consultation document, Advancing our health: prevention in the 2020s which outlines policy ideas to help prevent and detect ill-health at an earlier stage.

The public consultation on the Green Paper closes on 14th October 2019.

Opportunities

The document states that the 2020s will be the decade of proactive, predictive, and personalised prevention. People will not be passive recipients of care; they will be co-creators of their own health. The challenge is to equip them with the skills, knowledge and confidence they need to help themselves.

To support this aim, Public Health England (PHE) is:

- embedding genomics in routine healthcare and seeking to make the UK the home of the genomic revolution;
- reviewing the NHS Health Check and setting out a bold future vision for NHS screening; and
- launching phase 1 of a Predictive Prevention work programme.

Predictive prevention

The Government is exploring ways to support a West Midlands Combined Authority Radical Prevention Fund. This will involve a programme of work to explore, test and learn from new opportunities to prevent ill-health using the latest technology – stimulating innovation in ways that can support both health and wealth.

From August 2019, there will be a digital way to take part in the NHS Diabetes Prevention Programme. The digital version of the programme gives the same advice on healthy eating, exercise and weight management as the face-to-face programme, but through wearable technologies, apps and websites.

Intelligent health checks

The Government has commissioned an evidence-based review of the NHS Health Check programme to maximise the benefits it delivers in the next decade. The document says that the NHS Health Check service has achieved a lot, but uptake varies across the country, the risks identified in a check could be followed up more consistently by the NHS and evidence is emerging that people could benefit from a more tailored service.

The scope of the review includes:

- ways of increasing uptake, particularly among high-risk groups;
- options for making it more focussed, for example identifying people on the basis of information about their likely risks, rather than making the same offer to everyone;
- considering how its delivered, for example using developing digital service offers to intervene in a more efficient and tailored way; and

- reviewing what's covered in an NHS Health Check, for example increasing the range of health and care advice that the service offers.

Tackling current and future threats – immunisations

By spring 2020, PHE will launch a Vaccination Strategy, to maintain and develop a world-leading immunisation programme. This includes:

- operational work to increase uptake of all recommended vaccinations across all communities and areas, to include a medium-term aim of reaching over 95% uptake for childhood vaccinations and continuing to increase uptake of the seasonal influenza vaccine;
- enhanced use of local immunisation co-ordinators and primary care networks (PCN), ensuring the right mechanisms are in place to increase uptake through the GP Vaccination and Immunisation review; and
- continued evolution of the immunisation programme, incorporating new, more effective and cost-effective vaccines and new uses for existing vaccines across the life course.

Challenges

The document states that a new, personalised prevention model offers the opportunity to build on the success of traditional public health interventions and rise to these new challenges. PHE is:

- announcing a smoke-free 2030 ambition, including options for revenue raising to support action on smoking cessation;
- planning bold action on the Childhood Obesity Strategy; and
- launching a mental health prevention package.

Drug use

Once PHE's review of Prescribed medicines that may cause dependence or withdrawal has been published, the Department of Health and Social Care (DHSC) will work with the Home Office, PHE and other partners to undertake further policy development around issues related to prescribed and illicit opioid use, including considering opportunities to overcome barriers within the current system and promote the spread of good practice.

Supporting smokers to quit

The document notes that help to quit is mostly delivered by the NHS or local authorities (LAs), paid for through general taxation. Given the pressure on local budgets, the government will consider other ways of ensuring people can get the help they need.

Support to maintain a healthy weight

PHE will work with NHS England and NHS Improvement to explore the use of quality improvement approaches, and test any new, innovative proposals through the new PCN Testbeds, as appropriate.

Prevention in the NHS

The document says the next step is to move from a national treatment service (focused on illness) to a national 'wellness' service (focused on creating good health). This involves helping people to help themselves. The NHS will make this vision a reality by:

- allowing people to connect their own data into their health and care record if they choose;
- giving people personalised advice based on aggregated data; and
- giving people the tools and motivation to make informed choices.

The Government believes that the commitments in the paper make a strong start and will contribute towards PHE making the 2020s a decade of prevention. They note that further options to achieve scale and pace in prevention include expanding the role of community pharmacists and other healthcare professionals to support more people in the community to manage and improve their health and wellbeing.

The document states that Government is committed to delivering an expanded role for community pharmacies and wants to see them become the first port of call for minor illness and health advice in England. The Government will commission more services from community pharmacies and support them to become further integrated into local NHS provider networks.

National action

Prevention in wider policies

As recommended by the Chief Medical Officer for England, PHE will develop and launch a new Composite Health Index to provide a visible, top-level indicator of health that can be tracked alongside GDP. It will measure changes in health over time and, along with other indicators, can be used by the Government to assess the health impacts of wider policies.

Local action

The document notes that LAs will have a key role to play, given they:

- have specific responsibilities around prevention, for example sexual health, children's health, adult social care and support, and drug and alcohol services;
- control many of the assets for good health, for example parks and green spaces, leisure facilities, and cycling and walking infrastructure;
- have decision-making power for areas like housing policy, planning and social care and support, which have a big impact on people's health; and
- shape other policies relevant to health, including economic development, education, and growing the voluntary and community sector.

The document says the shift towards Integrated Care Systems (ICS) should help deliver more progress in this area by bringing together commissioners, providers and LAs, to make decisions that are in the best interest of the entire health economy, not just individual organisations. Health and Wellbeing Boards should form a key part of the local infrastructure on prevention, working with ICS.

The Government notes that modern healthcare is complex, and there are some areas where concerns have been raised about the effects of dividing responsibility between different NHS and local government agencies. That's why the NHS Long Term Plan committed the Government to reviewing the commissioning arrangements for sexual and reproductive health, health visiting and school nursing services, to ensure that they can deliver the best outcomes for the people who need them. The Government has now confirmed that LAs will continue to be responsible for commissioning these services.

Sexual and reproductive health

Government is considering calls from Parliament's Health and Social Care Committee and others to develop a new sexual and reproductive health strategy for England.

Subcommittee actions

The subcommittee is asked to consider which questions are most appropriate to be answered and the key points which may be made in our response. The consultation questions are set out below, with notes on potential points which could be included in PSNC's response.

1. Do you have any ideas for how the NHS Health Checks programme could be improved?

   Potential points for a response: development of the follow-up provided to people after the check, to support long-lasting behaviour change. Community pharmacies could be commissioned to provide some of this support.

2. What ideas should the government consider to raise funds for helping people stop smoking?

3. Have you got examples or ideas that would help people to do more strength and balance exercises?

4. Can you give any examples of any local schemes that help people to do more strength and balance exercises?

5. There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the Green Paper?

6. Have you got examples or ideas about using technology to prevent mental ill health, and promote good mental health and wellbeing?

7. We recognise that sleep deprivation (not getting enough sleep) is bad for your health in several ways. What would help people get 7 to 9 hours of sleep a night?

8. Have you got examples or ideas for services and or advice that could be delivered by community pharmacies to promote health?

Potential points for a response: this will clearly be the main question which we want to respond to in full. The focus of our response could be highlighting the range of services which could be more widely commissioned at a local level and those which would be appropriate for national commissioning.

- Pharmacies are developing into neighbourhood health and wellbeing centres, becoming the 'go-to' destination for support, advice and resources on staying well and living independently;
- As community pharmacies are uniquely well positioned to reach out to the population – including 'apparently well' – on a large scale, there is considerable public health benefit to be gained by extending the range and reach of the services already provided;
- We would note the range of services to be piloted via the Pharmacy Integration Fund and the likely value these will bring to patients and the NHS;
- We believe that the NHS Health Check should be available in pharmacies across the country. Local commissioning of this service is currently patchy. Greater follow-up of people who have agreed lifestyle changes following their check could be provided by pharmacies;
- In some cases, where the NHS Health Check leads to further investigations and a diagnosis by the GP of a condition such as hypertension or diabetes, pharmacies may then be able to take on some of the routine management of those patients, helping patients to build the knowledge, skills and confidence to do more to manage their own health and care;
- COPD case finding could be more widely commissioned, initially at a local level;
- A wider range of vaccinations could be commissioned from community pharmacies, including catch-up provision for cohorts of patients where vaccination levels are below targets;
- A nationally commissioned smoking cessation service could increase reach to target the remaining, harder to access smokers;
- A nationally commissioned EHC and first contraception service through community pharmacy; and
- A nationally commissioned 'full' sexual health service, including a range of screening and treatment, e.g. chlamydia.

9. What would you like to see included in a call for evidence on musculoskeletal (MSK) health?

10. What could the Government do to help people live more healthily: in homes and neighbourhoods; when going somewhere; in workplaces; in communities?

    Potential points for a response: we could reference our answer to question 8 in response to this question.

11. What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?
    - Support people with staying in work
    - Support people with training to change careers in later life

- Support people with caring for a loved one
- Improve homes to meet the needs of older people
- Improve neighbourhoods to meet the needs of older people
- Other

14. What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health? Please describe a top 3.

15. How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda?

    Potential points for a response: we could reference our answer to question 8 in response to this question.

16. What are the top 3 things you'd like to see covered in a future strategy on sexual and reproductive health?

17. What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

Return to agenda item

Subject	Update on NHS IT
Date of meeting	4th September 2019
Committee/Subcommittee	SDS
Status	Public
Overview	This report provides an update on the following NHS IT topics: NHS App, EPS Phase 4, EPS Controlled Drugs, Real-time Exemption Checking, Local Health and Care Record Exemplars and NHSX. Additional topics and detail are included within Community Pharmacy IT Group (CP ITG) papers.
Proposed action	None
Author of the paper	Daniel Ah-Thion

NHS App

The NHS App roll-out, which began at the end of 2018, is continuing across England throughout 2019. The NHS App team presented to the Community Pharmacy IT Group (CP ITG) at the group's June 2019 meeting.

Some of the NHS App functionality is similar to the GP online services which have been available to patients for some time. Individual GP practices have to review their system settings before patients can access the full NHS App functionalities. NHSE&I has said it hopes to have all GP practices connected to the NHS App this year. Amendments within the General Medical Services contract were made earlier this year to reflect this requirement. More than three quarters of GP practices are now at least partially 'NHS App ready'.

The NHS App is available on the Google Play store and the Apple App store. The last two of the four main GP system suppliers (Vision and Microtest), will be on-boarded at a later date, so they can fully integrate with the app.

NHSE&I expect the app to be a universal offer for patients, whichever GP practice they use; a full launch, with an associated publicity campaign is expected to commence later in 2019.

NHSE&I and the NHS App team are planning to add a biometric login method as an enhancement and they are continuing to consider further items for their development roadmap.

CP ITG considered at its June meeting a slide-set with mock-ups showing how the EPS nomination feature would work within the app and issues encountered with the development. PSNC also provided additional feedback to NHS Digital during July. It is expected that patients might one day view and change their EPS nomination via the app.

Work on the 'medicine is ready for collection' notification feature has been halted for now. Different pharmacy systems have different 'flags' and 'statuses' and these would not currently be consistent across different pharmacies and systems and would not align with patient expectations. There is not yet a common technical standard to record the 'ready for collection' status onto prescription items.

The CP ITG determined during its recent meetings that it would be a valuable feature for the NHS App to enable patients to notify their nominated pharmacy with information about medicines they have re-ordered from their GP, so that the pharmacy can reconcile any differences and the reasons for this when the script is received. Patients already expect that their nominated pharmacy has sight of this information. The NHS App team has said this is being considered as a potential future enhancement. The CP ITG also agreed there should be a common technical standard for the ordering of medicines that could be used by differing systems.

NHSX will help to determine the future development roadmap for the NHS App. Some other NHS App planned features will not move ahead at this time whilst others will still do so. The NHS App will be expected to make more application program interfaces (APIs) available so suppliers and developers of other apps can more easily interoperate with the app and the apps market can continue to innovate. Initially it will be easier for those apps already within the NHS Apps library to interoperate with the NHS App using such APIs.

The CP ITG will continue to consider other future developments of the NHS App which could support the provision of pharmacy services.

EPS Phase 4

NHS Digital began piloting EPS Phase 4 at the end of November 2018. As of August 2019, around 60 GP practices were within the pilot. Those GP practices can use EPS for patients without an EPS nomination: patients are given a green paper Phase 4 token with a scannable barcode, instead of a signed green paper prescription. The pilot sites are spread across the country (including within Greater Manchester, Essex, South-east London, Leeds and Devon).

Prescribers in the pilot have successfully issued over 75,000 Phase 4 prescriptions which have been dispensed by over 1,000 dispensers. Some of the pilot GP practices have seen just over 90% of those prescriptions which could be sent electronically done so.

No significant issues have been identified with the pilot from a community pharmacy perspective, but some pharmacies have found that they have initially mistakenly tried to dispense against the token rather than the electronic prescription. Further communications will be issued by PSNC and others to highlight that during Phase 4 deployment there will be an increase in receipt of EPS Phase 4 tokens and pharmacies need to ensure all staff are aware of the need to identify the tokens. The pilot has identified a series of Phase 4 issues in GP clinical systems, which the GP system suppliers have been working on.

A pharmacy Phase 4 sub-group considered wider Phase 4 deployment during July and August 2019 on behalf of PSNC. The sub-group considered NHS Digital's Phase 4 deployment plan document, which sets out a phased deployment. While NHS Digital would like Phase 4 to be deployed across all GP systems around the same time, if GP system-specific issues cause additional delay, different GP systems could rollout Phase 4 at different times.

Full EPS CDs remains a prerequisite for full Phase 4 roll-out for those 45 GP practices which use the Microtest GP system, which has still not completed the testing of CD functionality.

Ahead of making a decision on whether to support deployment of Phase 4, the sub-group sought further information from NHS Digital on several topics, including confirmation that the impact of Phase 4 rollout on the central NHS Spine capacity is not significant and what support would be provided for GP practices close to the Welsh and Scottish borders.

During deployment, GP practices are to be categorised as either: “simple”, i.e. no branch surgeries, not cross-border, high existing EPS use and no dispensing patients; or 'complex' practices which will need to receive a different support model. The sub-group's recommendation was that Phase 4 should be deployed in-line with NHS Digital's Phase 4 rollout plan; this has been communicated to NHS Digital.

PSNC, LPCs, CP ITG, systems suppliers and others will be involved in national comms on the rollout. PSNC requested that a joined up national approach was taken as to when sites or areas went live.

PSNC will work closely with NHS Digital and others on the further deployment and associated activity.

EPS Controlled Drugs

Following an overall successful EPS CDs pilot in March 2019, NHS Digital granted approval for full roll-out of EPS CDs for those GP practices using EMIS, Vision and SystmOne (TPP). Full roll-out for those systems took place during March and April 2019. The large majority of GP practices have been able to prescribe EPS CDs since then.

Pharmacy teams, including those within EPS CD piloting areas, reported into PSNC and NHS Digital that they wanted wide roll-out as quickly as possible, given the changes to the scheduling of pregabalin and gabapentin, which came into effect in April 2019.

NHS Digital is working with the other GP practice supplier, Microtest, to confirm dates for a pilot with its Evolution system. Around 45 GP practices use this GP system. PSNC and the CP ITG will continue to keep a watching brief on the Microtest EPS CDs roll-out and will feed into NHS Digital where required.

Real-time exemption checking (RTEC)

The RTEC system will be rolled out in phases. Phase One will comprise maternity, medical, pre-payment, low income scheme and HMRC exemptions. The first piloting for Phase One, from late February 2019, began with several pharmacy contractors that use the Positive Solutions Ltd (PSL) PMR system.

The initial feedback from the test pharmacies about the usability has been positive, with pilot pharmacy teams pleased with the ease of use, noting they would like to see the Department for Work and Pensions (DWP) exemptions included within the system in the near future. Other system suppliers are planning to develop RTEC functionality for their systems over the summer.

The PSNC prescription audit team is working with NHSBSA and NHS Digital to ensure that RTEC is confirmed to be fully working from a prescription pricing perspective, prior to further pharmacies receiving the functionality. Additional rollouts for pharmacy contractors that use PSL may occur in the near future and communications will be issued in advance including mail-outs and PSNC, NHS Digital and NHSBSA announcements.

Local Health and Care Record Exemplars (LHCREs)

NHS England previously announced five areas chosen to become LHCREs. LHCREs are a group of organisations working in collaboration and intending to create a safe, secure and trusted information-sharing environment for use by health and care professionals and organisations. These partnerships received funding to put in place an electronic shared local health and care record which makes relevant patient records available more quickly to those involved in that patient's care and support.

The partnership areas are: Yorkshire and Humber (covering West Yorkshire, South Yorkshire, North Yorkshire and Humberside), Thames Valley and Surrey (covering Buckinghamshire, Oxfordshire, Berkshire and Surrey), Greater Manchester, Wessex, and "One London".

The Professional Record Standards Body (PRSB) is working with NHSE&I and others to support LHCREs. This work includes gathering endorsements for the standard for the core information that is shared in a local health and care record. PRSB have indicated to PSNC that pregnancy

status fields are anticipated to be added to the final standard. PSNC had communicated the particular importance of this being added given its original absence and because of upcoming changes with the roll-out of RTEC meaning maternity exemption information will not be visible to pharmacy teams.

PSNC's Services Team also fed a further round of comments into NHSE&I regarding its LHCRE IG framework and most of these comments are expected to be addressed in the final document. PSNC pressed for the framework to be compatible with the principle that information that's needed by health and care professionals can be available at the right time to better support patient care.

LPCs and committee members can contact Daniel.Ah-Thion@psnc.org.uk if they become aware of local LHCR events or become aware of LHCR managers that state in writing that IG reasoning is delaying pharmacy access to LHCR information. We can use such examples during our discussions with the NHSX LHCR team. PSNC is regularly updating LPCs within LHCRE areas regarding the further LHCRE progress and we are also being updated by some of those LPCs working on the subject.

NHSX

NHSX formally launched in July 2019, with Matthew Gould, the former government director for cyber security, as its CEO.

NHSX is a new joint organisation for digital, data and technology. It draws staff from NHS England and NHS Improvement, DHSC, and NHS Digital.

DHSC says that the CEO of NHSX is tasked with having strategic responsibility for setting the national direction on technology across organisations. The CEO is accountable to the Secretary of State for Health and Social Care and the chief executives of NHS England and NHS Improvement.

NHSX's additional key responsibilities include:

- setting national policy and developing best practice for NHS technology, digital and data - including data-sharing and transparency;
- interoperability;
- setting national strategy and mandating cyber security standards; and
- championing and developing digital training, skills and culture so NHS staff are digital-ready.

Return to agenda item

Subject	Final report from PSNC's Research Fellow
Date of meeting	4th September 2019
Committee/Subcommittee	SDS
Status	Public
Overview	This end of contract report provides a summary of the work completed during a three-year part-time post-doctoral fellowship (September 2016 – August 2019) funded by PSNC in collaboration with Sunderland University. The full version of the paper includes annexes containing copies of Nicky's published papers etc.; if Committee members would like a copy of the full paper, this can be requested from Alastair Buxton.
Proposed action	None
Author of the paper	Dr Nicky Hall

1. PSNC Research Fellow role

Dr N Hall (NH) was awarded PSNC funding from September 2016 to work on a part-time fixed term basis for 3 years as a Research Fellow based within the Faculty of Health Sciences and Wellbeing at the University of Sunderland (*Full-time equivalent equates to 1 year 10 months*).

She was tasked with conducting research that could contribute to the development of the existing evidence base relating to the role of Community Pharmacy in the optimisation of lifelong health. The role was supervised by Scott Wilkes, Professor of General Practice and Primary Care, Head of the School of Medicine, Sunderland University and part-time GP Principal.

NH was responsible for identifying any potential gaps in the evidence base and conducting and managing PSNC priority driven work, ensuring this was completed to time and to high quality and establishing connections with other practitioners, academics and organisations where appropriate.

2. Outputs

2.1 Academic papers

The work completed as part of this role has resulted in the following academic publications (see Appendix 1):

Hall N, Wilkes S and Sherwood J (2019) Internet-based pharmacy and centralised dispensing: an exploratory mixed-methods study of the views of family practice staff. *International Journal of Pharmacy Practice*. (In Press)

Hall N, Donovan G and Wilkes S (2018) A qualitative synthesis of pharmacist, other health professional and lay perspectives on the role of Community Pharmacy in facilitating care for people with long-term conditions. *Research in Social and Administrative Pharmacy*. 14(11):1043-1057. doi:ISSN 1551-7411 (Cited 4 times as of 15 Aug 2019)

2.2 Conference abstracts, presentations and posters

The work completed as part of this role has resulted in the following published conference abstracts, presentations and posters (See Appendix 2):

Ambrose S and **Hall N** (2019). The perceived value of community pharmacy delivery services: an exploratory questionnaire study. Great North Pharmacy Conference, Newcastle, June 2019.

Donovan G, **Hall N**, Smith F, Ling J and Wilkes S (2018) Can a two-way automated patient contact intervention improve adherence to medicines? A systematic review. Pharmacy Practice, 16 (Suppl1). p. 7. ISSN 1885-642X

Donovan G, **Hall N**, Ling J, Smith F and Wilkes S (2018) Can a two-way automated patient contact intervention improve adherence to medicines? A systematic review. CBC 4th Annual Conference - Behaviour Change for Health: Digital & Beyond, London, February 2018.

Hall N, Wilkes S, Sherwood J. (2018) GP and other general practice staff views on internet pharmacy and remote dispensing RCGP Annual Primary Care Conference, Glasgow. October, 2018.

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Donovan G, **Hall N**, Smith F, Ling J, Wilkes, S. (2018) Identification of behaviour change techniques used in two-way automated patient contact interventions to improve

medicines taking behaviour. BPS Division of Health Psychology Annual Conference, Gateshead. September, 2018.

Hall N, Marshall D, Sherwood J, Wilkes S. (2018) "I think there is a lot of safety in having someone local": GPs' views on remote dispensing and online pharmacy. Health Services Research and Pharmacy Practice Annual Conference, Newcastle, May 2018.

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Hall N, Donovan G, Wilkes S. (2017) Facilitating care for people with long-term conditions; a qualitative synthesis of health professional and lay perspectives of the role of Community Pharmacy in the UK. SAPC North Regional Conference, Kendal. November, 2017.

Hall N, Donovan G and Wilkes S. (2017) Facilitating the care of people with long-term conditions; a qualitative synthesis of health professional and lay perspectives of the role of Community Pharmacy. RCGP Annual Primary Care Conference, Liverpool. October, 2017.

3. Projects

Over the contract period, the majority of NH's time has been spent working on the following projects:

3.1. Meta-ethnography

A qualitative synthesis of health professional and lay perspectives of the role of Community Pharmacy in facilitating care for people with long-term conditions. This study allowed the involvement of another member of staff from the School of Pharmacy. **Study completed, presented at 2 conferences and published in academic peer reviewed journal (see above).**

3.2. An exploration of general practice staff views on internet pharmacy and centralised dispensing

This mixed methods study was developed to explore the views and opinions of GPs on remote or internet based pharmacy services. It was initially aimed at GPs only and recruitment was extended after the initial focus groups. An academic/community pharmacist from the School of Pharmacy was included on the project team. A successful funding application to the University of Sunderland was made to cover all the additional costs associated with the focus groups and online questionnaire. Recruitment was very difficult as anticipated and response rates were very low. **Study completed, presented at 2 conferences and published in academic peer reviewed journal (see above).**

3.3. *Timely Study*

NH has supported a NIHR funded study being completed by G Donovan at Sunderland University as part of a doctorate fellowship. NH has acted as second reviewer and joint author on a systematic review to examine whether a two-way automated patient contact intervention has the potential to improve adherence to medicines for chronic conditions in the community pharmacy setting. She has also been involved in the focus groups for the intervention development and to inform for a future feasibility trial. **Study ongoing, presented at a range of conferences, publication is ongoing.**

3.4 Prescribing error reporting: Facilitating learning and patient safety across primary care (PREPARE) Study

The aims of the PREPARE study are to explore the role of community pharmacy in facilitating learning and patient safety across primary care. NH supported the development and writing of the study proposal and was a co-investigator on the submission of a grant application to NIHR RfPB The grant application was unsuccessful, but the AHSN, NENC have since agreed to

fund a scaled down version of the original proposed study. This funding will extend NH's work on the study for a further 6 months after the end of the PSNC contract. Work is ongoing and will be completed by March 2020. **Research proposal submitted and funded, data collection and analysis currently ongoing.**

4. Other areas explored

4.1 Embedding Clinical Consultations Into community Pharmacies (ECCIP)

This study aimed to explore the feasibility and acceptability of a triage system in general practice that utilises clinical consultation in community pharmacy as a triage outcome. It also aimed to explore the barriers and facilitators to embedding clinical consultations within CP following triage in general practice. Initial proposals led by S Wilkes had been submitted to two funding organisations with unsuccessful outcomes. NH worked on a revised scaled down version of the proposal and PSNC assisted with sourcing alternative funding options over the course of the contract. These were unsuccessful. In order to address some of the comments provided by previous reviewers NH also spent time working on an initial study proposal that would help to feed in to future funding applications by focusing on eliciting patient preferences for clinical consultations in community pharmacy (EPPIC). This work was not pursued due to other priorities.

4.2 PharmOutcomes data

The remit of the research role had initially included analysis of the data collected via PharmOutcomes. NH completed a review of all the previously published work that had used PharmOutcomes data to help identify any possible projects. Most of the published work using this data source also included additional data collection alongside the usually collected data or had recorded additional information as part of a specific research question and/or study design. Additional Legal and regulatory issues in relation to researcher access to the database meant that this work did not take place.

4.3 Flu questionnaire

NH provided comments and suggestions for the flu questionnaire data collected. Further potential data analysis was not pursued.

4.4 GP2pharmacy evaluation

NH was able to offer assistance and time in relation to qualitative evaluation of the GP2pharmacy pilot set up in South Tyneside. This was not pursued by the pilot organisers.

4.5 Other areas considered

Over the course of the contract a number of potential areas for research or development have been explored, discussed and considered. These included, for example:

- De-prescribing (in relation to minor ailments services, OTC medications, medicines optimisation and care plan service development)
- AF detection using POCT in community pharmacies
- Chronic pain
- Register of evidence gaps for future planning
- Service evaluation skills development for LPCs
- Commissioned brief NIHR HS&DR in medicines optimisation. (NH led on some initial development work for a grant application. However after discussion, it was not felt this would be a feasible project to prepare for submission in the time available and other projects were prioritised instead.)

5. Wider Responsibilities

To fulfil the duties of the role in relation to the wider contribution to extending the research

capacity of community pharmacy, the following activities were also completed.

5.1 Supervision and assessment of MPharm research projects:

2016/2017 - Supervised 2 students completed projects on Sexual health services and needle exchange services based on Pharmoutcomes data sets previously provided to the university. Neither project was suitable for publication.

2017/2018 – Supervised 2 student projects on weight management services based on a previously provided Pharmoutcomes data set and views of pharmacy students on alcohol services. Neither project was suitable for publication.

2018/2019 – Supervised 1 student project on views of community pharmacy delivery driver role. This project had an abstract accepted for the Great North Pharmacy Conference (see above).

5.2 Involvement in wider academic community

5.2.1 Provision of support and advice

NH has provided time and support for other members of staff developing grant applications relating to community pharmacy. Examples include:

- Role of community pharmacy in the delivery of oral healthcare and CRP POCT in community pharmacy (PRUK and HEF bursary applications)

5.2.2 Wider Networking

NH met with the Chief Officers from Sunderland and County Durham and Dales LPCs, the chairs of the local LPNs, attended a Sunderland LPC meeting and developed a good working relationship with the LPC secretary. She had been in touch with her equivalent in Scotland, a CPS research fellow based at Robert Gordon University. She attended two HSRPP conferences. NH also spent time at the start of the contract within a community pharmacy to get a better understanding of the processes and priorities.

Thanks to initial introductions from Alastair Buxton, NH has been invited to contribute to a NIHR RfPB application with colleagues from the University of Bath further to initial conversations about a potential grant application on chronic pain management. This is anticipated to be submitted in November 2019.

5.2.3 Academic Peer review

NH has been invited to provide academic peer review for papers relating to community pharmacy practice for a range of journals.

6. Progress Monitoring

Throughout the contract period, regular teleconference meetings have been held with NH, Scott Wilkes and Alastair Buxton from PSNC (including initially Rosie Taylor). These have ensured that progress was continually monitored and project priorities agreed. In addition, a report for the PSNC planning meeting was submitted in October 2016 and a face to face progress/planning meeting was held in June 2017 with key stakeholders.