

Pharmaceutical Services Negotiating Committee
Communications and Public Affairs (CPA) Subcommittee Agenda
Monday 13th May 2019 at 11:00
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
4. Minutes of the last meeting

Action

5. PSNC position statements **Appendix 02/05/2019**
6. Communications priorities (including the Annual Report) **Appendix 03/05/2019**
7. Draft PSNC policy asks **Appendix 04/05/2019**
8. Pharmacy collaborative working **Appendix 05/05/2019**
9. The All-Party Pharmacy Group (APPG) **Appendix 06/05/2019**

Report

10. Pharmacy communications **Appendix 07/05/2019**
11. Parliamentary work **Appendix 08/05/2019**
12. Wider public affairs work **Appendix 09/05/2019**
13. Any other business

| | |
|------------------------|---|
| Subject | PSNC position statements |
| Date of meeting | May 2019 |
| Committee/Subcommittee | Communications and Public Affairs |
| Status | Confidential until positions are agreed |
| Overview | This paper summarises some of the key issues that PSNC is being asked about at the moment and seeks a position on them. |
| Proposed action(s) | The subcommittee is asked to consider PSNC's position on the topics. |
| Author(s) of the paper | Melinda Mabbutt and Zoe Long |

Introduction

A key part of the subcommittee's remit is to consider PSNC's position statements on key topics. This month key topics for discussion and review include Primary Care Networks (PCNs) and the funding negotiations.

The Future and Primary Care Networks (PCNs)

The following lines have been prepared as part of our messaging around the future of community pharmacy and the need to engage with PCNs. Many of the below are addressed in PSNC's video animation (see [Appendix CPA 03/05/2019](#)).

The Future

- The NHS Long Term Plan says that the Government wants to use community pharmacists' clinical skills to help tackle the challenges facing the NHS.
- The future will see community pharmacies spending less of their time dispensing medicines and instead focussing on offering services that help people to stay healthy and help take pressure off other NHS providers.
- Community pharmacies will need to:
 - make better use of technology and utilise other team members' skills to free up pharmacists' time;
 - find ways to interact with patients digitally; and
 - update their own skills to provide the services the NHS needs.
- All of this means that community pharmacy contractors will need to adapt to changes in income streams.
- Community pharmacy will need to embrace change and start planning now.

Primary Care Networks

- PCNs will be the foundation of primary care in the future, and pharmacy contractors must take the lead in engaging with them.
- To do this we must first tackle the lack of unity among us head on, and we urge contractors to take the first step by talking to the pharmacies around them – how can you collectively meet the needs of your local patients, and what proposals can you make to your local PCN together?
- Contractors and LPCs will need to be proactive in talking to one another to coordinate engagement with local GPs and PCNs, supported by PSNC and the other national community pharmacy representative bodies.
- PSNC is recommending that contractors:
 - start a conversation with other local pharmacies about how to collaborate within Primary Care Networks;
 - together with other pharmacies and LPCs, talk to local GPs about their plans for the future;
 - take all opportunities for further training and to provide services; and
 - make contact with their Local Pharmaceutical Committee.

Funding Negotiations (confidential)

Subcommittee Action

The subcommittee is asked:

- To comment on the messaging on the future and on Primary Care Networks (PCNs) – is there more that we need to do on this following the animation?

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|------------------------|---|
| Subject | Communications priorities |
| Date of meeting | May 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 | Melinda Mabbutt and Zoe Long |

Communications Priorities

Introduction

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

Future of pharmacy animation

Zoe Long has been working with Senate Media to create a video animation explaining how community pharmacies will need to adapt to fit into the NHS of the future. The animation is intended to kickstart PSNC's work to help contractors to understand the NHS environment that they are working in as well as the likely changes ahead.

The animation was launched on Tuesday 30th April and press released in advance to LPCs, other pharmacy organisations and multiple pharmacy contractors, external stakeholders and our press contacts. The communications plan for the animation incorporated all of PSNC's communication channels (website, social media, individual and subscriber emails, event presentations, CPN magazine, etc.) and the Communications Team has offered to contribute articles, blogs or opinion pieces to the pharmacy press. We also provided LPCs with some templates to help them to share these messages at a local level. These included a draft email for LPCs to send to contractors and template tweets.

PSNC staff and Committee Members have been asked to:

- Share the animation link (psnc.org.uk/futureofpharmacy) with colleagues and/or contacts;
- Put a slide into their next presentation about it; or
- (If you have a Twitter account) Post some tweets to their followers using the #futureofpharmacy hashtag.

Alongside the animation we published a set of resources to help contractors to carry out the four asks in the animation. We will build on that over the coming weeks and months to offer them more support with ideas currently being considered including:

- A webinar on engagement with PCNs
- A series of podcasts on local engagement
- Pharmacy press articles about the future and the need to work collaboratively
- A CEO webinar on some of the themes and the need to change
- PCN case studies and early best practice
- Videos from contractors on their reaction to the animation and how they are getting along

Promoting PSNC's work: the Annual Report

The Communications Team has been considering how we can best promote the work that PSNC does and we have a number of pieces of work planned over the next few months as follows:

- Articles/interviews in the pharmacy press from Simon reflecting on his first year at PSNC and the value of all the work that we do
- Launching a series of blogs to showcase PSNC Committee Members and the subcommittee and other work they do at PSNC
- Promoting PSNC's digital and website stats, eg on CPN and social media

- Setting up a feedback page on the website and incorporating some of the positive feedback that we receive from contractors and others (eg on webinars) into our communications

The CEO has also asked the policy team to consider how we can best share the valuable work they do.

The PSNC Annual Report will form the key focal point for this work, showcasing all the work we have done in the past year. The Report covers the annual year from April 2018 – March 2019 and will be published when the annual accounts are ready for publication, which is likely to be sometime in July. We will have a comms plan for the launch to ensure that it gets coverage in the pharmacy press and that we continue to use messaging from it, eg on our social media accounts.

The Annual Report will be a digital publication including introductions from the CEO and Chair, the annual accounts, and articles that highlight our negotiations wins and representative work; explain how PSNC works; showcase the key resources we have provided for contractors over the year and the value of some of these; outline our work to support LPCs; and set out our vision.

We are just finalising the copy and have engaged a designer, but (confidential) draft text for one of these articles is included in [Appendix 3a](#). We will be working with the designer on how we can best visualise this (eg making infographics to display most of the facts and figures) and to see how much we need to reduce the text by to fit the pages. We are also looking at whether there are any more web stats that we can incorporate. This example does give a flavour of the content we plan to include though, so we would welcome early feedback on them.

Improving PSNC Website Reports

As requested by the subcommittee in February, the supply problems reporting form on the PSNC website has been reviewed and, to improve the experience for contractors, PSNC's [online reporting form](#) has been simplified as much as possible. This included removing some of the less important information fields, such as wholesaler depot.

For the longer term, a more advanced specification to improve the website reporting process, including the creation of a web app, has been proposed by the Dispensing and Supply Team and could be considered when resource allows.

Subcommittee Actions

The subcommittee is asked to:

- Share any comments or feedback on the PSNC animation – has this been effective; would we consider more animations in the future?
- Share any ideas for further communications to build on the animation and further help contractors to understand the environment in which they are working.
- Consider the plan and the (confidential) draft for the annual report. How can these be improved?
- Highlight any other ways that we can work to promote PSNC's work and the annual report.

| | |
|------------------------|--|
| Subject | Draft PSNC policy asks |
| Date of meeting | May 2019 |
| Committee/Subcommittee | Communications and Public Affairs |
| Status | Not confidential |
| Overview | Draft policy asks to inform PSNC's public affairs work |
| Proposed action(s) | The subcommittee is asked for views on the questions posed |
| Author(s) of the paper | Zoe Long |

Draft PSNC Policy Asks

Introduction and Purpose

In this paper we consider what a set of policy asks for PSNC might look like. The purpose of these policy asks would be to provide a focus for public affairs work. In recent years the team has promoted the value and potential of community pharmacy, but we are regularly asked by MPs what we actually want to happen – a set of policy asks would start to address those questions, giving key agreed policies that we can then campaign for through our public affairs work.

As a starting point in developing a set of policy asks, we have drafted some examples below. These would need to be considered by each relevant subcommittee, but they give a flavour of the sorts of things that can work as policy asks, and some of the areas that PSNC might want to think about.

The policy asks document would likely remain an internal document rather than being something we publish in public.

Draft Policy Asks

Community Pharmacy Contractual Framework

- A five-year plan for funding and future NHS pharmaceutical services requirements

Pharmacy Funding (including distribution and reimbursement)

- A fair approach, based on costs and value, to funding NHS pharmaceutical services
- A fair and transparent approach to funding distribution that doesn't expose individual pharmacy contractors to unreasonable risks
- Exemption for all healthcare services provided in NHS community pharmacies from VAT on the basis that these are NHS healthcare services

Service Development

- Commissioning of a national minor illness advice service from community pharmacies
- Commissioning of national stop smoking and EHC services from community pharmacies
- Commissioning of a national Hypertension and Atrial Fibrillation screening service from community pharmacies

PCNs and Local Commissioning

- A requirement for all Primary Care Networks (PCNs) to engage with local community pharmacies
- Development and publication of standard service specifications to support the commissioning of local community pharmacy services by NHS England and other commissioners

Integration and Enablers

- Community pharmacies to have read-write access to the GP-held patient record/local health and care records where appropriate permissions are given, including patient consent
- Medicines for all patients with long-term conditions to be prescribed via the electronic repeat dispensing service, where this is appropriate for the individual

Medicines supply

- The introduction of Serious Shortage Protocols

Subcommittee Actions

The subcommittee is asked to:

- Share any views on the value of having policy asks and how these might be used.
- Comment on the draft policy asks – are these suitable, and what other asks might we have?
- Consider how PSNC could formulate and agree a set of policy asks – should each subcommittee be asked to consider their own policy asks and then feed back to CPA?

| | |
|------------------------|---|
| Subject | Pharmacy collaborative working |
| Date of meeting | May 2019 |
| Committee/Subcommittee | Communications and Public Affairs |
| Status | Not confidential |
| Overview | Update on collaborative working between AIM, the CCA, NPA, PSNC and the RPS. |
| Proposed action(s) | The subcommittee is asked to consider the questions posed and the next steps for this collaborative work. |
| Author(s) of the paper | Jessica Ferguson and Zoe Long |

Pharmacy Collaborative Working

Introduction

Earlier this year PSNC hosted a planning meeting and coordinated the agreement of a framework for joint communications and public affairs work between AIM, CCA, NPA, PSNC and the RPS. Since then the communications and public affairs teams have remained in weekly contact to coordinate this and other work. This paper outlines some of the key progress made since the subcommittee's last meeting.

Party Conference Events

The autumn party conferences remain a useful meeting point for MPs and all those seeking to influence them, 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, so to facilitate this we are partnering with the other pharmacy organisations to deliver two events that will help to meet the sector's strategic influencing objectives. It has been agreed that PSNC, along with the NPA, CCA and AIM, will co-host roundtable dinner events at the Labour and Conservative conferences. The RPS were involved in the initial process but have opted out.

The key objectives of the two events are to:

- Ensure that community pharmacy has a voice at the party conferences
- Demonstrate that the community pharmacy organisations are united
- Promote community pharmacy services to key stakeholders
- Hear what those stakeholders think about community pharmacy and its future

The events will enable us to engage with a wide range of stakeholders, including some MPs, who could potentially influence policy makers on our behalf.

Venues

We have already secured venues for events at both conferences. The venues are both outside of the conference secure zone, which means that guests will not need a party conference pass in order to attend. This means that guests can take part in our event without needing to attend the whole conference, which can involve great time and expense. Hosting at venues outside the secure zone can also help to reduce costs. For those guests attending conference, our events are at the end of the day and very close to the secure zone, which should be convenient.

This year the Labour Party Conference is in Brighton. Our event will take place on Monday 23rd September 2019, and we have booked a private dining room in the Hotel du Vin, which is a 4-minute walk from the conference centre.

The Conservative Party Conference will take place in Manchester this year. Our event will take place on Monday 30th September 2019 and we have booked a private dining room for up to 40 guests in a restaurant called Fumo, which is a 3-minute walk from the conference centre.

Theme

We have begun work with the other participating organisations to agree a theme, with our preferred suggestion being prevention. Prevention is a topical issue for community pharmacy (being one of the key areas of the Long Term Plan which we can contribute to) as well as being one of the Health

Secretary's priorities. One idea is to produce a joint policy paper on the topic, which could provide the basis of our discussions at the events, highlighting examples and case studies of how community pharmacy prevention services can help achieve the aims of the NHS Long Term Plan. This could also be used for further joint work after the conferences.

Attendees

Final guest lists will be confirmed when all sponsoring organisations have agreed the themes for the roundtable events, but attendees are likely to include:

- Pharmacy bodies: CCA, NPA, AIM
- General Practice: RCGP, BMA, DDA
- Healthwatch: Representatives from the Brighton/Manchester branches
- Charities and patient groups: British Heart Foundation, British Lung Foundation, Diabetes UK, National Voices
- Others of interest: PAGB, NAPC, Local Government Association
- Think-tanks: King's Fund, Reform
- Labour MPs: Jonathan Ashworth, Julie Cooper, Kevin Barron
- Conservative MPs: Matt Hancock, Seema Kennedy, Steve Brine, Steve Double, Derek Thomas

APPG and other Parliamentary Work

Given the ongoing focus of Parliament on Brexit and the likelihood of Brexit debates continuing to disrupt the Parliamentary schedule, we have decided to pause on planning a joint community pharmacy Parliamentary briefing event. We will continue to review this and still aim to have hosted an event before the end of the year.

Work is continuing on the APPG tender process and progress on this is detailed in the next paper.

Conversations with MPs have continued to focus on Brexit and related issues, and all the pharmacy organisations have been talking to MPs about Serious Shortage Protocols after the policy was criticised in Parliament. PSNC has briefed key MPs and the Labour Shadow Health Team on this topic as well as a number of Peers who have taken an interest in the subject.

Much of this work has been based on PSNC's briefing on SSPs which is available here: <https://psnc.org.uk/psncs-work/psnc-briefings-psncs-work/psnc-briefing-012-19-an-introduction-to-serious-shortage-protocols-march-2019/>. This briefing also formed the basis of messaging given by Zoe Long and Gordon Hockey at a roundtable on SSPs hosted by the APPG on Access to Medicines and Medical Devices. Our aim here was to ensure that MPs, peers and others in attendance understand what SSPs will and won't be used for, as well as the safeguards that will be in place to protect patients. The RPS and NPA also attended this event.

Joint Communications

On March 6th the pharmacy organisations issued a joint statement on Brexit and medicines supply which is available on the PSNC website here: <https://psnc.org.uk/wp-content/uploads/2019/03/Joint-statement-on-medicines-supply.pdf>

We remain in close contact about the NHS Long Term Plan and Primary Care Networks, although coordinated work on the latter is likely to be led by Luvjit Kandula and Michael Lennox, rather than the communications teams. The CCA have also recently coordinated a joint pharmacy Crisis Communications contact list which may be helpful in the event of any urgent media issues.

PSNC and the other negotiators have booked a stand at the RCGP conference in October and we plan to take this opportunity to improve our engagement with GPs by hosting an event on one of the evenings of the conference. A good theme could be Primary Care Networks, but we would welcome feedback from the subcommittee on this, and we have also invited the other pharmacy organisations to have input if they would like to. The NPA are coordinating a list of other national events at which we may want to consider having a pharmacy presence.

AIM presentation

Zoe Long presented to an AIM members meeting on Thursday April 11th, outlining PSNC's communications and public affairs strategy and explaining all of the joint communications work that is going on between the national pharmacy organisations.

Subcommittee Action

The subcommittee is asked:

- To comment on the plans for party conference events – is prevention a suitable theme; are there any key people who we should invite to the events?
- For feedback on the idea of a shared policy document to use at the events and afterwards.
- For any priority topics for a joint pharmacy Parliamentary briefing event.
- For ideas for our RCGP event – what are the priority messages to get across to GPs?
- To highlight any other events which pharmacy should have representation at.

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|------------------------|--|
| Subject | The All-Party Pharmacy Group (APPG) |
| Date of meeting | May 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. |
| Proposed action(s) | The subcommittee is asked for views on priorities and strategic objectives for the APPG. |
| Author(s) of the paper | Zoe Long |

The All-Party Pharmacy Group (APPG)

APPG Events

The APPG held a meeting on Anti-Microbial Resistance (AMR) on Monday 29th April. This was a joint meeting between the All-Party Pharmacy Group and the APPGs on Dentistry and Antibiotics, so it provided a useful opportunity to engage with a wider range of MPs than would generally attend meetings. It is also in line with NHS ambitions on tackling AMR.

Parliamentarians in attendance included: Kevin Barron MP; Julian Sturdy MP; Paula Sherriff MP; Paul Beresford MP; Tony Lloyd MP; Baroness Masham; and Lord Lansley.

PSNC informed LPCs about this meeting and encouraged them to submit any information or examples they thought relevant. We have also produced a briefing on how community pharmacies could contribute to the work to prevent AMR which we will share with interested MPs after the APPG event.

The APPG is also preparing to hold series of meetings on community pharmacy and its role in primary care as the NHS Long Term Plan is delivered and Primary Care Networks start to take shape. The first of these meetings will take evidence from the community pharmacy organisation on Tuesday 11th June. At this meeting the MPs will hear about community pharmacy's views and how it wants to contribute to the Long Term Plan, and this will help to shape their more detailed inquiry into this topic.

Other APPG Activity

Shortages statement

In late February the Officers of the APPG agreed to a joint statement on medicines supply covering the causes of shortages, the extent of the problem, the influence of Brexit and some recommendations as follows:

The Group wishes to see:

- *measures to ensure that community pharmacies have quicker reimbursement and clearer, more timely stock availability information;*
- *greater responsiveness of the concession pricing system so that pharmacies can ensure the supply of prescription drugs to patients; and*
- *reimbursement for pharmacies of any additional costs incurred to help them to cover their costs and continue to offer the full range of patient services.*

This was not a public statement, but rather a document coordinated by the Secretariat to help Members of the APPG to contribute to debates or other Parliamentary activity on this topic. The statement following a discussion between the sponsors about the possibility of some further work by the APPG on medicines supply; but this provide difficult to define in terms of what it would look like and/or helpfully achieve at this stage. In addition to this statement the Officers of the Group have also received PSNC's Briefing on Serious Shortage Protocols.

Meeting the Minister

Kevin Barron MP, Chair of the APPG, had sought and set a date for a meeting with Steve Brine to talk about the Long Term Plan and his plans for community pharmacy. Unfortunately, Steve resigned from his position as Minister before this meeting had taken place, so the officers are now trying to secure and schedule a meeting with the new Minister.

Secretariat appointment process

As reported in February, the five sponsors of the APPG Secretariat (now AIM, CCA, NPA, PSNC and RPS) have agreed to hold an appointment process to check that we are getting best value for money out of the Secretariat. Luther Pendragon have run the Secretariat for a number of years now, so this process will serve as a market testing process.

At the start of April an invitation to pitch was sent to a number of interested agencies some of whom then followed up with telephone conversations with the RPS and PSNC. By the May 3rd deadline we had received six pitches from APCO Worldwide, Lexington Communications, Luther Pendragon, The Whitehouse Consultancy, Policy Connect and FleishmanHillard Fishburn.

An extract from the document sent to all interested agencies is copied below:

[BEGINS]

Key ongoing roles of the Secretariat

Administration

- Planning and delivery of all activities of the APPG in discussion with its Officers,
- Managing APPG requirements such as registration, holding an AGM, admitting Members and electing Officers.
- Act as a contact point for enquiries to the APPG.
- Manage the APPG's accounts and budgets.
- Produce written content from the work of the APPG, e.g. meeting reports.
- Advise on and manage a stakeholder list for potential witnesses or invitees for APPG events.

Engagement

- Increase MP/peer engagement with and membership of the APPG.
- Securing participation of MPs/peers at APPG events and meetings.
- Appropriate engagement with ministers, officials or other stakeholders in support of meetings or APPG activity.

Policy

- Identify relevant issues in health/pharmacy policy and Parliament and advise on potential responses for the APPG.
- Facilitate APPG Member participation in relevant Parliamentary debates.
- Draft speeches/statements for APPG Members in support of APPG activity.
- Liaise with sponsoring organisations and the APPG, advising on topics for meetings.

Events

- Prepare agendas, event briefings and brief APPG Members for meetings.
- Advise on and secure appropriate speakers for APPG meetings or events.
- Liaise with APPG Officers and sponsoring organisations to schedule, book and manage events.

Communications

- Supportive press activity for the APPG where appropriate.
- Manage the APPG website and social media.

Key competencies/expectations

We will be judging applicants based on the following competencies:

- Understanding of health policy.
- Understanding of pharmacy within the NHS policy environment.
- Demonstration of ideas for how the APPG would meet its objectives and raise its profile.
- Proven ability to manage administration of a group/APPG.
- Experience hosting Parliamentary meetings and events.
- Appointment of consistent team to deal with account.
- Experience writing speeches and briefings.
- Ability to manage website and social media.
- Press relations skills.
- Ability to manage clients, dealing with sensitivities and demonstrating value for money.

[ENDS]

The pitches received are now being reviewed and shortlisted agencies will be invited to pitch to us in person early in June. Each sponsor will have a representative at the pitches, and these will be from the Public Affairs teams, as they are the people who will be working with the agencies on a day to day basis. We expect to make a recommendation to the Chief Executives on or shortly after June 3rd.

Subcommittee Action

The subcommittee is asked for:

- Any feedback on the recent work of the APPG.
- Priorities for the APPG's inquiry into the NHS Long Term Plan – are there any priority areas of focus, or any particular stakeholders we want to bring in?
- Priorities for the appointment process – is the priority to appoint an agency who can engage with more MPs, or bring in wider stakeholders, or get more media coverage, or are there other things that the subcommittee would like the APPG to deliver in future?

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|------------------------|---|
| Subject | Pharmacy communications |
| Date of meeting | May 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 pharmacy communications work undertaken by the PSNC Communications and Public Affairs Team since the last PSNC meeting.

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 Primary Care Networks (PCNs), community pharmacy funding negotiations, price concessions, Serious Shortage Protocols (SSPs) and flu vaccination training.

As funding negotiations began it was agreed that DHSC, NHS England and PSNC would issue a joint statement to make clear to both pharmacy contractors and journalists that, after this initial announcement, no further detail would be given until an agreement was reached.

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 PSNC's new quarterly meetings and LPC Conference being recent topics. We also contributed a piece to [The Pharmacist](#) to encourage contractors of the need to submit their Information Governance (IG) returns via the new Data Security and Protection Toolkit. This was published a week before the 31st March deadline.

There has also been work with the pharmacy press ahead of the animation launch, and we are planning a blog for C+D based on Simon's recent presentation to the Sigma conference. We are also preparing for the announcement of PSNC's new Chair which is scheduled for shortly after the May PSNC meeting.

Webinars and videos

Just prior to the last PSNC meeting, two webinars were held: one on the Data Security and Protection (IG) Toolkit and the other on Prescription charge exemptions and switching.

We held the Data Protection and Security Toolkit Workshop on 30th January. 333 people attended the webinar live out of 943 registered (that's a 35% attendance rate*). Analysis of the feedback received shows that 98% found the webinar useful and 90% would recommend it to others. One pharmacist also told us they "thought it would be a daunting task to complete the toolkit but this webinar helped to reassure me".

Our webinar on Prescription charge exemptions and switching was held on 22nd January. 377 people attended the webinar on the night, with 97% of those who provided feedback stating that it was useful and 87% saying they would recommend watching it to others. A further 360+ have watched the on-demand version since.

In March we held a Price Concessions webinar. In a feedback survey, 86% of respondents said they found it useful and 93% said they would use what they learned in the future. 343 people had watched the webinar either live or on-demand by the end of the month.

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

Improvements to the PSNC website

In January a BBC news story about generic medicine shortages was published containing a link to our price concessions webpage. This led to the PSNC website experiencing almost 35,000 unique site visits

in one day – that is more than three times the usual number of daily site visits. Unfortunately, the website struggled to cope with the visitor numbers and many people had problems accessing it.

Since then we have been working with our website developers (EBI Solutions) and website server hosts (Coreix) to prevent this from happening in future. A number of ways to optimise the web server have been identified and some of the simpler fixes have already been completed. Other tasks require careful consideration to ensure they would not impact on the day to day running of the website, so we are continuing to work through these with EBI and Coreix.

Communications Review

In February the subcommittee considered the need to review PSNC and LPC communications to ensure that duplication of effort is being minimised and that PSNC is doing all that it can to support LPCs with their communications work. To inform this, Zoe Long has spoken to the only two dedicated LPC communications managers that we are aware of – for the majority of LPCs communications is one of many tasks assigned to the Chief Officer, some of whom have administrative support to help. Neither of the communications managers (who work in Greater Manchester and Surrey & Sussex) was aware of anyone else in an LPC role similar to theirs.

The two interviews revealed a number of points and some suggestions for further work:

- Both LPCs sent their own newsletters to contractors. These might include local news as well as reminders of national news and deadlines.
- Both LPCs directed contractors to PSNC website content rather than recreating things themselves.
- The communications managers had both done work both to engage contractors and to help the LPC to communicate to external audiences (eg creating Powerpoints for meetings with commissioners).
- CPGM felt PSNC's infographics were useful – they would like more of these.
- Some of PSNC's briefings were very long, they felt, and these instances the LPCs would sometimes pull out key points for contractors.
- Both communications managers felt that there were lots of useful resources on the PSNC website but that they could not always find these.
- Both felt that it would be useful to see a plan, ahead of time, for national proactive communications and lobbying work, and that this should be published by PSNC along with guidance on how LPCs could support the messaging locally. This would help to avoid duplication and help them to direct their own communications plans.
- CPSS were very keen to ensure that all their contractors were signed up to PSNC's newsletters and wondered if they could benchmark this against other LPCs.
- CPSS wondered if PSNC could provide more basic communications training for LPCs eg on how to write briefs for designers, copywriting, etc. They also felt that access to recommended lists of designers or writers could be helpful.
- Not all LPCs understand the value of communications and it was suggested that PSNC could help to persuade them of this eg by sharing best practice.

There are a number of ideas in here which we can and will look to implement, but some of them will have resource or cost considerations. In particular we will focus on ensuring that LPCs are aware of and can find the communications resources that they need; on sharing our plans for future work and ideas for how they can support it with LPCs (the PSNC policy asks later in these papers may help with

that); and on a campaign to promote our email newsletters to LPCs and ask for their support in signing contractors up to receive them.

To find out even more about how we can improve and align our communications with LPCs, we will look to interview some LPCs who do not have employed communications managers but rely on their Chief Officers and/or Committee Members to carry out these functions.

National media work

The Communications Team continued to spend a significant amount of time briefing national media contacts who wanted to know about generic medicine supply issues.

BBC Health Editor Hugh Pym – who had previously picked up on the issues around medicine shortages back in December and January – asked us for an update on the medicine supply issues and price concessions. After we had provided the final figure for concessions granted in March, he noticed it seemed to be higher than it had ever been before and was keen to do something on it. After some coverage across the national BBC radio stations (some of which included a recorded interview with Simon Dukes), the Press Association got in touch and wrote their own news release on it. These releases get sent to a wide range of journalists and the following day articles appeared in [The Guardian](#), [The Independent](#), [The Mirror](#) and [The Times](#). Many of these chose to focus on the Brexit element, despite our careful statement which said that Brexit may be exacerbating ongoing issues.

The [BBC's website news story](#) tied the concessions rise in with concerns about drug shortages from the Epilepsy Society. As we had been working with the charity the messaging was clear that this was a problem with causes much wider than Brexit. The coverage also encouraged Asthma UK to get in touch with us and we were able to provide reassurance and some background information for them. It also led to some local media coverage with Zoe Long being interviewed on BBC Radio Coventry and Warwickshire.

Briefings report

Topics covered in Briefings published since the last committee meeting include guidance on the reclassification of gabapentin and pregabalin as Controlled Drugs and information about what PCNs are and how LPCs could support engagement with them.

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

Collaborative working with NHSBSA

Work with staff at the NHS Business Services Authority (NHSBSA) continues with planning underway for a webinar on 'Understanding your Schedule of Payments' in early June 2019. This event aims to teach contractors about how the FP34 Schedule of Payments is compiled and how they can use it to monitor performance.

PSNC digital communications reports

February 2019 overview: Quality Payments and upcoming changes to gabapentin and pregabalin gained the most interest from website visitors this month.

We had two peaks in website numbers: one on Friday 1st and another on Monday 4th. These correspond with dates that we sent important email news alerts – one about the Help Us Help You Pharmacy campaign launching that week, and the other about the opening of the Quality Payments declaration portal.

March 2019 overview: Popular topics included the reclassification of gabapentin and pregabalin as controlled drugs, the interim funding announcement and how to complete the Data Security and Protection (IG) Toolkit.

Our largest peak in website numbers was on Wednesday 27th, the day that the March edition of CPN magazine was published and we sent out a news alert with a number of important Brexit updates.

Full statistics reports are available in Appendix 7a.

Conclusion

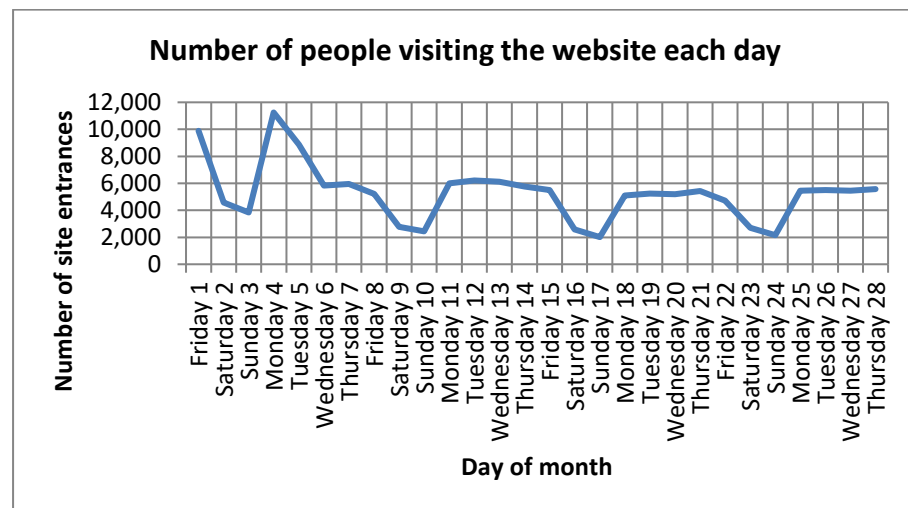
This paper has been created just for review; no action is required. However, subcommittee members are welcome to share their feedback or questions on any of the above.

Appendix 7a. Digital communication reports

February 2019: PSNC comms statistics report

PSNC Website

| Audience | Feb 2019 | Jan 2019 |
|--|----------|----------|
| Number of unique visitors (site entrances) | 149,036 | 306,259 |
| Number of unique pageviews | 406,493 | 519,053 |



| Pages | Views |
|---|-------|
| Price concessions and NCSO | 8,207 |
| Quality Payments | 6,780 |
| Controlled Drug prescription forms and validity | 5,987 |
| Exemptions from the prescription charge | 4,758 |
| Falsified Medicines Directive (FMD) | 3,907 |

| News stories | Date | Views |
|--|--------|-------|
| Pregabalin and gabapentin to be controlled drugs | 7 Jan | 3,652 |
| Pregabalin & gabapentin: prescribing by EMIS practices | 8 Feb | 2,862 |
| NHS Choices now referred to as the NHS website | 21 Aug | 2,232 |
| National roll-out of Schedule 2 and 3 CDs in EPS | 27 Feb | 1,976 |
| Prescription charge to rise to £9.00 | 21 Feb | 1,947 |

| PSNC Briefings | Views |
|---|-------|
| 007/19: Quality Payments – Completing your declaration | 3,660 |
| 051/18: A summary of the second Quality Payments Scheme 2018/19 | 1,481 |
| 010/19: Reclassification of gabapentin and pregabalin as CDs | 857 |
| 030/15: Services Factsheet – National Target Groups for MURs | 853 |
| 058/18: Getting ready for FMD – a quick guide for the pharmacy team | 694 |

| Webinars | Plays |
|--|-------|
| Data Security and Protection (IG) Toolkit Workshop | 291 |
| FMD webinar | 90 |
| Prescription charge exemptions and switching webinar | 64 |
| Quality Payments: February 2019 (video update) | 54 |

PSNC Emails

| PSNC Newsletter | February | January | Other health newsletters |
|-----------------|----------|---------|--------------------------|
| Open rate | 32% | 33% | 23% |
| Click rate | 4% | 4% | 6% |
| Clicks to opens | 13% | 13% | 20% |

| LPC News | February | January |
|-----------------|----------|---------|
| Open rate | 36% | 38% |
| Click rate | 3% | 4% |
| Clicks to opens | 7% | 10% |

Social media

| | February | January |
|-----------------------|----------|---------|
| Twitter reach | 102,000 | 130,000 |
| Twitter interactions | 1,347 | 1,533 |
| Facebook reach | 4,360 | 6,898 |
| Facebook interactions | 364 | 782 |
| LinkedIn reach | 3,199 | 5,446 |
| LinkedIn interactions | 127 | 158 |

March 2019: PSNC comms statistics report

PSNC Website

| Audience | March 2019 | Feb 2019 |
|--|----------------|----------|
| Number of unique visitors (site entrances) | 218,070 | 149,036 |
| Number of unique pageviews | 415,967 | 406,493 |



| Pages | Views |
|---|--------|
| Price concessions and NCSO | 28,185 |
| Controlled Drug prescription forms and validity | 7,629 |
| Pregabalin and gabapentin to be controlled drugs (news story) | 7,102 |
| The General Data Protection Regulation (GDPR) | 5,403 |
| EPS Prescription Tracker | 5,150 |

| News stories | Date | Views |
|--|--------|-------|
| Pregabalin and gabapentin to be controlled drugs | 7 Jan | 7,102 |
| Funding Announcement: Interim Arrangements | 8 Mar | 2,851 |
| Download the 2019 Prescription Charge Card | 4 Mar | 2,446 |
| NHS Choices now referred to as the NHS website | 21 Aug | 2,065 |
| Have you completed Data Security & Protection toolkit? | 21 Mar | 1,932 |

| PSNC Briefings | Views |
|---|-------|
| 064/18: Completing the Data Security and Protection (IG) Toolkit | 2,769 |
| 004/19: Upcoming clinical governance deadlines – actions to be completed by 31 March 2019 | 1,092 |
| 010/19: Reclassification of gabapentin and pregabalin as CDs | 924 |
| 030/15: Services Factsheet – National Target Groups for MURs | 843 |
| 012/19: An Introduction to Serious Shortage Protocols | 611 |

| Webinars | Plays |
|--|-------|
| Price concessions webinar | 343 |
| Data Security and Protection (IG) Toolkit Workshop | 257 |
| Prescription charge exemptions and switching webinar | 24 |

PSNC Emails

| PSNC Newsletter | March | February | Other health newsletters |
|-----------------|------------|----------|--------------------------|
| Open rate | 30% | 32% | 23% |
| Click rate | 4% | 4% | 6% |
| Clicks to opens | 13% | 13% | 20% |

| LPC News | March | February |
|-----------------|------------|----------|
| Open rate | 35% | 36% |
| Click rate | 2% | 3% |
| Clicks to opens | 6% | 7% |

Social media

| | March | February |
|-----------------------|----------------|----------|
| Twitter reach | 124,000 | 102,000 |
| Twitter interactions | 1,494 | 1,347 |
| Facebook reach | 37,587 | 4,360 |
| Facebook interactions | 2,589 | 364 |
| LinkedIn reach | 5,006 | 3,199 |
| LinkedIn interactions | 169 | 127 |

| | |
|------------------------|---|
| Subject | Parliamentary work |
| Date of meeting | May 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

New appointment

Following the resignation of Steve Brine MP, Seema Kennedy MP was appointed as the Parliamentary Under-Secretary of State for Public Health and Primary Care. Seema has been the Conservative MP for South Ribble in Lancashire since 2015 and since 2017 had been Parliamentary Private Secretary to the Prime Minister.

Shortly after Seema's appointment, an introductory letter was sent from the Chief Executive. We have had a positive response to this and are working to find a suitable date to meet with the Minister. We have also been in touch with Kath Gulson, Chief Officer of Community Pharmacy Lancashire, which is the LPC in Seema's constituency area, to coordinate our work to engage with the Minister.

Parliamentary Engagement

We have briefed a number of Parliamentarians in recent months, although as Brexit has continued to dominate the political agenda, most of our work has concerned medicines supply and shortages. Below is a summary of our key work since the last PSNC meeting:

- **MP Visit Guidance and LPC Support**

Despite the busy Parliamentary schedule, LPCs are still managing to host local MP visits, and the team has provided assistance where necessary. We have also updated our MP Visit Guidance to bring the messaging in line with the NHS Long Term Plan and the emerging Primary Care Networks structure.

- **Steps to improve the safety of medicines and medical devices**

In February, the House of Lords debated the safety of medicines and medical devices. We briefed some supportive peers about medicines optimisation ahead of the debate. In particular, Baroness Walmsley, a Liberal Democrat peer, used our briefing materials and called for better use of community pharmacies to ensure the safe and cost-effective use of medicines. She spoke about the New Medicine Service and asked whether it could be extended to other medical conditions.

- **Motion to revoke the Serious Shortage Protocol (SSP)**

In March, we developed a briefing on the Serious Shortage Protocol (SSP) to try and allay some of the concerns expressed from MPs and patient groups. This is available at: <https://psnc.org.uk/psncs-work/psnc-briefings-psncs-work/psnc-briefing-012-19-an-introduction-to-serious-shortage-protocols-march-2019/>

MPs debated the SSP following a Labour Party motion to revoke the legislation. This was put forward by Jonathan Ashworth, Labour MP for Leicester South and Shadow Health Secretary, who argued that the protocol is a 'power grab for ministers'. The Chief Executive has met with Jon who is now aware of the negative implications this policy has for pharmacy but has still not been persuaded to support the policy.

Although the motion was rejected, several other MPs were critical of the protocol, including Anne Marie Morris (Conservative MP for Newton Abbot), Dr Philippa Whitford (SNP MP for Central Ayrshire) and Norman Lamb (Liberal Democrat MP for North Norfolk). We will continue to brief MPs, including APPG Officers, who we think might be persuaded to offer support to SSPs in Parliament should the topic come up again.

- **Health Questions**

Ahead of an upcoming set of health questions in Parliament we have sent suggested questions about community pharmacy to supportive MPs. Our aim is to get a pharmacy question asked as this will be the first set of questions to be potentially addressed by the new Minister Seema Kennedy MP.

All-Party Parliamentary Group on Access to Medicines and Medical Devices

This Parliamentary Group, chaired by Anne Marie Morris MP, is looking at the current system of procurement of specials in England and has put out a call for evidence. The PSNC Funding Team is responding to the inquiry, giving particular attention to correcting some inaccuracies in the Group's consultation document.

House of Lords Select Committee on the Rural Economy

Following a call for evidence, this Select Committee published a report setting out a range of recommendations to tackle the challenges facing the rural economy. PSNC, along with CPW, submitted evidence to the Select Committee, advocating greater utilisation of community pharmacies to deliver healthcare needs for rural communities. In particular, PSNC drew attention to the Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) scheme, arguing that this had sustained rural pharmacies for many years in places where they might not have been financially viable, until the scheme closed in March 2017. PSNC called for a credible successor to be introduced, with additional funding, to safeguard patient access to smaller pharmacies in rural areas.

The report took this into consideration and recommended that: 'Government should also take steps to improve rural pharmaceutical services. This might include reopening the Essential Small Pharmacies and Local Pharmaceutical Services (ESPLPS) scheme, which helped rural pharmacies in places where they would not otherwise have been financially viable.'

Parliamentary Questions

A number of questions concerning pharmacy and medicines have been raised in recent months, including:

- Matthew Pennycook, Labour MP for Greenwich and Woolwich, asking what assessment had been made of the effect of the reduction in Category M prices on the financial sustainability of community pharmacies.
- Steve Double, Conservative MP for St Austell and Newquay, asking what plans there are to provide community pharmacies with a multiyear funding settlement.
- Paul Farrelly, Labour MP for Newcastle-under-Lyme, asking what steps are being taken to encourage the use of more environmentally-friendly inhalers.
- Lord Jopling, a Conservative peer, asking about wastage and unused medicines.

MPs have been interested in the SSP and wider issues relating to shortages and have continued to ask questions on both subjects. Some of these included references to PSNC's concerns about medicines supply, and in one answer the Minister referred to the PSNC Community Pharmacy Brexit Forum. A selection of the questions and answers is copied below.

Anne Marie Morris (Con) (Newton Abbot): To ask the Secretary of State for Health and Social Care, when guidance will be made available to pharmacists on the Serious Medicines Shortages Protocols.

Anne Marie Morris (Con) (Newton Abbot): To ask the Secretary of State for Health and Social Care, whether any training is planned on the new system for supply of prescription medicines under Serious Medicines Shortage Protocol.

Anne Marie Morris (Con) (Newton Abbot): To ask the Secretary of State for Health and Social Care, when the first Serious Medicines Shortage Protocol will be ready; and where that protocol will be published.

Caroline Dinenage (Con) (Gosport): Serious Shortage Protocols are an additional tool to manage and mitigate medication shortages and may be used in the exceptional and rare situation when other measures have been exhausted or are likely to be ineffective.

Operational guidance is still being developed with stakeholders, including where any protocol(s) would be published. The use of a Serious Shortage Protocol has not, to date, been required.

Ivan Lewis (Ind) (Bury South): To ask the Secretary of State for Health and Social Care, if he will confirm that Serious Medicines Shortage Protocols will not be appropriate for epilepsy treatments and that will be included in published guidance on Serious Medicines Protocols.

Caroline Dinenege (Con) (Gosport): A Serious Shortage Protocol is an additional tool to manage and mitigate medication shortages and may be used in the exceptional and rare situation when other measures have been exhausted or are likely to be ineffective.

As the explanatory memorandum of the amending Statutory Instrument acknowledges, Protocols for therapeutic or generic equivalents will not be suitable for all medicines and patients. For example, those types of protocols would not be suitable for treatments for epilepsy or treatments requiring biological products where the medicines that are prescribed need to be prescribed by brand for clinical reasons. In these cases, patients would always be referred back to the prescriber for any decision about their treatment before any therapeutic or generic alternative is supplied.

Dr Philippa Whitford (SNP) (Central Ayrshire): To ask the Secretary of State for Health and Social Care, what discussions he has had with community (a) pharmacies and (b) pharmacy organisations in Scotland on the implementation of the Human Medicines (Amendment) Regulations 2019 (S.I., 2019, No. 62).

Seema Kennedy (Con) (South Ribble): Community Pharmacy Scotland is a member of the joint Departmental and Medicines and Healthcare products Regulatory Agency Falsified Medicines Directive Implementation Advisory Board. In relation to implementation of the serious shortage protocol provisions the Department has had discussions with Community Pharmacy Scotland, representing community pharmacy owners in Scotland, in the Pharmaceutical Services Negotiating Committee Brexit Forum.

Richard Burden (Lab) (Birmingham Northfield): To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that GP surgeries are supplied with adequate guidance for patients on their medication in the event that the UK leaves the EU without a deal.

Stephen Hammond (Con) (Wimbledon): Guidance issued to all National Health Service trusts, pharmacies and general practices by the Department and NHS England has informed them of our plans for ensuring continuity of supply of medicines and advised them that they can expect to be able to continue accessing medicines through their existing supply routes in the event of a 'no deal' European Union exit. General practitioners (GPs) and providers should continue to prescribe medicines and other medical products as normal.

On 23 August 2018, my Rt. hon. Friend the Secretary of State for Health and Social Care sent a letter to NHS England outlining preparations for the EU Exit, including in relation to General Practice. On 21 December 2018, the EU Exit Operational Guidance for the Health and Social Care system, including GPs, was issued. On 18 January 2019, a joint letter from the Department and NHS England from chief pharmacist, Keith Ridge, was sent to GPs, pharmacists and senior leaders within the NHS.

Emma Dent Coad (Lab) (Kensington): To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 8 February 2019 to Question 215257, on NHS: drugs, what information his Department holds on the level of medicine shortages in the last 12 months.

Steve Brine (Con) (Winchester): Medicines shortages are a routine issue that the Department constantly manages. The Department works closely with the Medicines and Healthcare products Regulatory Agency (MHRA), the pharmaceutical industry, NHS England and others operating in the supply chain to ensure that the risks to patients are minimised when they do arise.

The Department receives regular reports from the pharmaceutical industry about impending medicine supply issues that may affect United Kingdom patients. From January 2019, it became a mandatory requirement that the pharmaceutical industry must report this information to us in a timely manner. However, not all the issues of which the Department are notified will result in a medicine shortage as the supply team will work behind the scenes using a host of tools to help mitigate and prevent an issue from impacting patients.

Ivan Lewis (Ind) (Bury South): To ask the Secretary of State for Health and Social Care, what information his Department holds on analyses of the causes of medicine shortages in the UK.

Caroline Dinanage (Con) (Gosport): Medicines supply problems can occur for a number of reasons due to manufacturing difficulties, regulatory problems and problems with the supply of raw materials, or from issues which are related to the distribution of the product. The manufacture of medicines is complex and highly regulated, and materials and processes must meet rigorous safety and quality standards, so difficulties can arise for various reasons.

The Department is responsible for the security of supply of medicines and ensuring continued access to medicines for all patients is a key priority. There is a team within the Department, which deals specifically with medicine supply issues arising both in the community and hospitals and receives regular information from the pharmaceutical industry about impending medicine supply issues. It works closely with the Medicines and Healthcare products Regulatory Agency, the pharmaceutical industry, NHS England and others operating in the supply chain to help prevent shortages and to ensure that the risks to patients are minimised when they do arise.

Lord Taylor of Warwick (Unaffiliated): To ask Her Majesty's Government what assessment they have made of the impact of a disorderly Brexit on the supply of pharmaceuticals between the UK and EU member states.

Baroness Blackwood of North Oxford (Con): Leaving the European Union with a deal remains the Government's top priority. However, as a responsible Government we must plan for every possible outcome including 'no deal'. The Department has published guidance to industry and the health and care system to allow them to make informed plans and preparations. This is available online at GOV.UK.

The Government has been working closely with industry to ensure the supply of medicines can continue uninterrupted in the event of a 'no deal' EU exit, including building stockpiles, providing additional warehousing space and buying freight capacity on alternative ferry routes away from the short straits crossings to Dover and Folkestone for goods to continue to come into the United Kingdom from 12 April. We are supporting companies in booking space on aircraft for products which require an immediate shipment due to short shelf-life or specific storage conditions. We have also made changes to, or clarifications of, certain regulatory requirements so that companies can continue to sell their products in the UK even if we have no deal. Finally, we are strengthening the processes and resources used to deal with shortages in the event that they do occur.

We are confident that, if everyone does what they need to do, the supply of medicines and medical products into the UK will be uninterrupted.

Lord Taylor of Warwick (Unaffiliated): To ask Her Majesty's Government what assessment they have made of the report from the Pharmaceutical Services Negotiating Committee about the impact of Brexit on a shortage of medicine supplies at UK pharmacies.

Baroness Blackwood of North Oxford (Con): There is no evidence to suggest the small number of current supply issues we are managing are related to European Union exit or increasing because of it. We have well established processes to manage and mitigate supply issues from whatever cause, including manufacturing or distribution problems.

Leaving the EU with a deal remains the Government's priority. Under the terms of the Withdrawal Agreement, there will be an implementation period running until the end of 2020, during which there will be no changes to the current trading arrangements with the EU. Therefore, if the Withdrawal Agreement is ratified, the supply of medicines will continue on the same basis it does now during this period.

Leaving without a deal remains the legal default at the end of the extension period if no withdrawal agreement is agreed. We are considering the impact of the EU exit date being extended until 31 October 2019 on our EU exit preparations and are working closely with our stakeholders to review our position.

We are confident that if everyone does what they need to do, the supply of medicines should be uninterrupted in the event that the United Kingdom exits the EU without a deal.

| | |
|------------------------|--|
| Subject | Wider Public Affairs Work |
| Date of meeting | May 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 | Jessica Ferguson and Zoe Long |

Wider Public Affairs Work

Charities

We have continued to brief charities on issues relating to medicines supply and in particular in recent weeks we have been in contact with:

- Epilepsy Society
- Narcolepsy UK
- Asthma UK

All three charities were concerned about medicines shortages and the impact on patients so we offered background information and reassurance that pharmacies are doing all that they can to ensure that all patients get the medicines they need. The Epilepsy Society wrote a series of articles for members on how to manage if there is a shortage of medicines which they consulted the PSNC team on. These can be viewed at: <https://www.epilepsysociety.org.uk/news/How-manage-shortage-epilepsy-medications-01-04-2019#.XMbqt2hKiUl>

British Heart Foundation

We have continued our work with the British Heart Foundation. Following his first piece in the spring edition of Heart Matters on the side effects of amiodarone (Appendix 9a), Sunil Kocchar has contributed another article to BHF's patient magazine. The next article is about how to administer a GTN spray effectively and will feature in the summer edition. BHF have also asked for him to contribute to their autumn edition and the topic will be assigned at a later date.

Although these articles have all been on very clinical matters, the presence of a pharmacist on the BHF team of experts should help to underline the skills and expertise of pharmacists to their readers. We are keen to try to replicate this approach with other charities, when resource allows.

British Lung Foundation

The British Lung Foundation sent the Chief Executive a letter (Appendix 9b) following the publication of their Taskforce for Lung Health five-year plan, asking if we would take expansion of MUR/NMS into negotiations. A meeting has been arranged to discuss community pharmacy's role in delivering the NHS Long Term Plan and how the charity could support the profession more generally.

Other healthcare professionals

Following a meeting between the BMA Comms Team and Zoe Long and Gordon Hockey earlier in the year, the BMA has been less critical of SSPs, but have failed to respond to PSNC's suggestion that we might like to issue a joint communication on this topic. We hope that the medical representatives will help us to encourage GPs in PCNs to engage with community pharmacy, but this work will be led via NHS England.

Zoe Long met with the British Dental Association and the Association of Optometrists in April and both reported that they will be considering the NHS Long Term Plan and how to support their members to engage with PCNs in due course. We will stay in touch to see whether there might be any areas of mutual interest that we could collaborate on as this work develops.

What are the side effects of amiodarone?

I've been prescribed amiodarone for my irregular heart rhythm but developed overactive thyroid as a result. What can I do about it?



Sunil Kochhar says:

Amiodarone is used to keep the heart beating normally in patients who have heart rhythm disorders.

It's normally used to treat patients in hospital but can also be prescribed in special circumstances, for instance when other medicines haven't worked. Unfortunately this means that, by the time it is prescribed, there are few alternatives.

Amiodarone is similar in chemical structure to iodine, so should not be taken by anyone who is allergic to iodine or by pregnant women.

Amiodarone can be affected by grapefruit, so avoid having grapefruit or grapefruit juice. You should also cover up and wear factor 50 sun cream whenever you are in the sun, as the medicine makes your skin more sensitive to sunlight.

Amiodarone can also affect the thyroid in up to 10 per cent of people. It's difficult to predict the effect on the thyroid; in some people it can become overactive (hyperthyroidism) and in others it becomes underactive (hypothyroidism).

An overactive thyroid can cause a range of symptoms, including anxiety, tiredness, dry skin, thinning hair, swelling in the neck and weight loss. An underactive thyroid can lead to weight gain, tiredness, dry skin and swelling in the neck.

" Amiodarone can also affect the thyroid in up to 10 per cent of people. "

Thyroid problems can be treated with further medication or by adjusting your amiodarone dose, which your doctor will need to manage carefully.

If you're taking amiodarone, look out for these symptoms and have a blood test every six months to check thyroid hormone levels, to ensure that any thyroid problems are detected quickly and managed.

People taking amiodarone should report any new symptoms to their doctor, including worsening of their heart symptoms, feeling light-headed, blurred vision or symptoms of thyroid problems.

If you're concerned, or want to know more about your medicine, you can also ask a pharmacist for a Medicines Use Review, where we talk to you in more detail about your medicines and side effects.

- Read more about [anti-arrhythmic medication](#).
- Read Andrew's story of flying a Spitfire after being [diagnosed with atrial fibrillation](#).

Meet the expert

Sunil Kochhar is a community pharmacist in the South East of England with more than 20 years' experience. As well as working in his NHS pharmacy in Kent, Sunil plays an active role in helping communities stay healthy, including educational events, screening services and local health services.



Appendix 9b. British Lung Foundation: Taskforce for Lung Health letter (March 2019)



Simon Dukes
Chief Executive
Pharmaceutical Services Negotiating Committee

7 March 2019

Dear Mr Dukes

The [Taskforce for Lung Health](#) has recently published a new five year plan for improving lung health. Despite the fact that lung disease affects one in five people, there was no pre-existing national plan. In part due to the work of the Taskforce, respiratory health is now included in the new NHS Long Term Plan, which is great news for patients and for all those working in the sector.

The Taskforce is made up of [30 members](#) representing professional associations, patients, health care professionals and voluntary sector organisations, and is supported by an Industry Forum and a range of expert advisers. The Royal Pharmaceutical Society is a member of the Taskforce and have played an invaluable role representing community pharmacy. Thank you to the PSNC for submitting evidence during the development of the plan.

All the Taskforce's recommendations for change are based on real-world evidence which was assessed for its reach, impact, value for money and feasibility. If achieved together, in five years we will see improved experiences and outcomes for people living with lung disease.

We write to you today because several of the recommendations in the plan relate to pharmacists and how their role can be maximised to support people with lung disease. One of the recommendations is particularly relevant to your work at the Pharmaceutical Services Negotiating Committee:

Expand the delivery of NHS Medicines Use Review and NHS New Medicine Services in pharmacies and remove the cap on the number of these they can deliver

16 million patients visit a community pharmacy every day. Pharmacists are well placed to support people with lung disease to manage their medication and general lung health through advanced services such as the Medicines Use Review (MUR) and New Medicine Service (NMS). These reviews provide a vital service in supporting people to manage their conditions and reducing the risk of improper use of medicines and associated side effects.

However, the cap on the number of these reviews that pharmacies can deliver means that their impact is limited. We want to see the cap lifted from the current limit of 400 MURs a year, so that more people can benefit from reviews. People with lung disease can be turned away because of the cap, meaning that they may have to wait months before their pharmacist is able to provide the service.

We are aware that negotiations with the Department of Health and NHS England on the reviews have not yet begun. The Taskforce would urge you to consider the arguments for lifting the cap when negotiations do begin.

We understand that there are funding challenges associated with lifting the cap and expanding the delivery of MURs and NMSs. The additional cost of providing more reviews would be balanced by the savings created to the NHS as a result of people managing their medication and condition better.

The respiratory chapter of the NHS Long Term Plan plan focuses on preventing lung disease, early and accurate diagnosis, pulmonary rehabilitation and medicines optimisation. The latter is of particular relevance to pharmacies delivering reviews. It was very welcome to see that the NHS acknowledges pharmacists as being central to delivery of the plan, and that this will be supported by increased funding to expand numbers of clinical pharmacists in Primary Care Networks and a joint NHS and Government effort to make greater use of community pharmacists' skills and opportunities to engage with patients.

Although the NHS' plan is a good start, there remains a lot more to be done beyond these areas if we are to see a lasting improvement to lung health. Progress on all recommendations in the Taskforce's plan will be monitored over the next five years, and we hope to continue to work with you to ensure the recommendations are fully achieved. Our aim is to see the cap on the number of reviews lifted within one year of the plan's publication.

I would urge you again to consider lending your support to removing the cap on reviews. We would be delighted to assist you in making the case to NHS England for additional funding and we would be pleased to discuss this in further detail if such help would be valuable. If you would like to arrange a meeting, please contact Jessica Eagelton at jessica.eagelton@blf.org.uk.

Best wishes,



Dr Alison Cook
Chair of the Taskforce for Lung Health