

Pharmaceutical Services Negotiating Committee Agenda

for the meetings to be held on 20th and 21st May 2020

Zoom virtual meetings

Members: Reena Barai, Richard Bradley, David Broome, Mark Burdon, Peter Cattee, Ian Cubbin, Marc Donovan, Samantha Fisher, Mark Griffiths, Alice Hare, Jas Heer, Tricia Kennerley, Clare Kerr, Sunil Kochhar, Margaret MacRury, Fin McCaul, Has Modi, Lucy Morton-Channon, Garry Myers, Bharat Patel, Indrajit Patel, Prakash Patel, Umesh Patel, Jay Patel, Janice Perkins, Adrian Price, Sian Retallick, Anil Sharma, Stephen Thomas, Faisal Tuddy, Gary Warner

Observer: Niamh McMillan

Chair: Sue Killen

Wednesday 20th May 2020

13:30

1. Welcome from Chair
2. Apologies for absence
3. Conflicts or declarations of interest
4. Minutes of the February meeting
5. Matters arising ([Appendix 02/05/2020](#))

Action:

6. Feedback from the recent meetings of LRA, LCS, CPA and RDF

7. Discussion session 1 ([Appendix 03/05/2020](#))

14:30

8. Close

16:00

Thursday 21st May 2020

10:00

9. Discussion session 2 ([Appendix 03/05/2020](#))

Break

12:00

10. Governance session

12:30 – 13:00

11. Discussion session 3 ([Appendix 03/05/2020](#))

14:00

12. Close

16:00

Matters Arising

Meeting Reference	Matter Arising	Action
6 February 2020 (6.6)	LPC and Contractor Support Subcommittee will establish a working group with LPCs to create the agenda for the national meeting of LPCs.	The working group was created and is now planning a virtual meeting of LPCs and PSNC for July.
6 February 2020 (9.1)	A summary of the key points of the annual review to be circulated to the Committee and the office to approach other pharmacy bodies and invite feedback and contributions. The office will then write to the Government on these issues.	Discussion and data capture has started.

Topics for discussion during the plenary sessions

Introduction

This paper sets out the topics which will be discussed in three sessions on 20th and 21st May 2020. There will be some plenary discussions, but as with the Committee's previous face-to-face meetings, much of the discussion will take place in smaller groups, facilitated via the meeting rooms functionality of Zoom.

Session 1 – 20th May 2020 2.30pm – 4pm

During this introductory session we want to explore what has changed during the pandemic, so we can then consider the consequences of this for the recovery phase and the 'new normal' that will follow the acute phase of the pandemic.

During the recovery phase and moving into a new normal, we will need to agree with DHSC and NHSE&I what services will continue to be provided and how new services and regulatory requirements will be phased in. We will consider more of the detail on this in session 2 on 21st May 2020. Further discussions will also take place, as necessary, during the June 2020 Committee meeting.

In this session we want to answer the following questions:

1. **What have been the main factors shaping the environment during the pandemic?**
2. **What have been the main challenges for:**
 - a. **contractors, as businesses and as employers;**
 - b. **the sector; and**
 - c. **PSNC.**
3. **How have we adapted to these challenges and what have we learned in doing so?**
4. **Is the world now a safer or more dangerous place for community pharmacy businesses?**

Examples of factors shaping the environment include:

- Changes to the working practices of GPs – closed door surgeries, telephone triage, video consultations, reduced patient contact and extended PoT;
- Greater collaborative working across primary care and the community pharmacy sector;
- Supply shortages driven by increase in demand and restrictions on supply from China and India in particular; and
- Changes to consumer and patient habits and a step change in use of technology to work from home.

Examples of challenges for contractors include:

- Adapting to rapidly changing environments;
- The volume surge in March with extended PoT;
- Displaced patients from general practices;
- Issues around social distancing and use of Personal Protective Equipment (PPE);
- Risk of infection;
- Quotas and other supply / stock holding issues;
- Staff absences, overtime and fatigue;
- Managing demand for deliveries;
- Introduction of new services, particularly the pandemic delivery service;
- Various regulatory changes;
- Financial pressures given expenditure and higher procurement costs;
- Specific issues such as contamination, closures, hot site impacts; and
- Implementation of significant operational changes and the need to explain those to patients.

Examples of challenges for the sector include:

- Support from politicians don't seem to be translating into more generous decision making / perceived inequality of treatment compared to GPs;
- Concern over whether consumer habits will return to normal. For example, changed nominations, more working from home and more internet shopping may permanently change retail patterns and patients' choice of pharmacy. This will feed into shifts in valuation of businesses;
- Shift of demand between contractors and across sectors, e.g. from hospital to community; and a change in the use of pharmacies (as the population shifted with lockdown);
- Concern over whether independents can continue to be able to compete in procurement; and
- Further delay in implementation of cost saving initiatives factored into the 5-year CPCF.

Examples of challenges for PSNC include:

- Staff working at home, maintaining communications and management, sorting appropriate technology such as a VPN for PAC;
- Sheer workload and pace of change at crisis peak;
- NHSE&I / DHSC decision making process; and
- Managing virtual NT and PSNC meetings.

Examples of adaptations include:

- Changes to general working practices of pharmacies – more deliveries, longer PoT, patient management, flexibility of opening hours; and
- More strategic developments, such as supply to patients from a hub.

Session 2 – 21st May 2020 10am – 12pm

Following the introductory discussions undertaken on 20th May 2020, this session is intended to explore some detailed suggestions on things the sector should start doing, stop doing and continue to do during the 'new normal' phase after the acute phase of the pandemic.

There are six questions to help shape thinking on this:

1. **What have we stopped doing and should carry on NOT DOING?**
2. **What have we stopped doing and should BRING BACK?**
3. **What have we started doing and would want to STOP in the new normal?**
4. **What have we started doing and would want to CONTINUE?**
5. **What have we not been doing but should START?**
6. **What other matters do we need to consider related to the pandemic and the new normal?**

The responses from the group discussions will be collated and where necessary, will feed into policy decisions to be made at the June 2020 meeting of the Committee.

Context and assumptions

In the first discussion session we considered the experience so far during the pandemic and the experiences we have collectively had and the learning that we can distil.

In this session, we are starting to look forward to the new normal phase after the peak of the pandemic, where further peaks are possible and social distancing will continue.

We cannot be sure how long this phase will last and many changes to pharmacy practice and to the CPCF requirements made during this time will be enduring. However, at some point in time, most likely once a mass pandemic vaccination programme has been undertaken, it is assumed that the need for social distancing will fall away and we enter the next stage (whatever that will be called - new new normal?).

For the purposes of these discussions, we will assume that the new normal phase is likely to continue for at least 18 months from now, so operations in pharmacies will need to ensure that a social distance is maintained from patients wherever possible. Likewise, some groups of patients will continue to be advised to shield themselves from the risk of infection.

1) What have we stopped doing and should carry on NOT DOING?

a) Temporary changes made to the CPCF requirements

Several changes have been made on a temporary basis during the pandemic to delay or suspend CPCF requirements or deadlines for completion of tasks. These are detailed on the website:

<https://psnc.org.uk/the-healthcare-landscape/covid19/contract-and-regs-changes/>

NHSE&I has been clear that where a 'pass' was provided where a contractor did not complete a contractual requirement in 2019-20, this does not apply during 2020-21.

Would we want to continue to not do some of the delayed or suspended CPCF requirements?

b) Changes to local services or pharmacy practice

There may have been changes made to the operation of locally commissioned services during the pandemic to stop elements of bureaucracy or similar, which have been beneficial to contractors.

Many contractors have reviewed the approach they take to provision of multi-compartment compliance aids (MCAs) to care homes and individuals.

What changes have been made to stop doing things that we would want to continue not doing?

2) What have we stopped doing and should BRING BACK?

One example of service provision that has been stopped or reduced during the acute phase of the pandemic is the move away from supervision of the consumption of methadone and buprenorphine.

Many contractors stopped undertaking MURs during the acute phase of the pandemic, but they are now keen to start providing the service again, but ideally via telephone or video consultations. Currently, consent to provide a telephone MUR must be obtained from NHSE&I on each occasion.

PSNC's policy is currently to seek to stop the service, with the funding being distributed via the SAF and/or Transition payment. This has not been pursued ahead of a conclusion being reached on the request for additional funding.

Now we are past the peak of the pandemic, should our policy on MURs be reviewed and if yes, what approach should PSNC now take?

What other activities have pharmacies stopped doing that we would wish to see being resumed?

3) What have we started doing and would want to STOP in the new normal?

The retention of some changes introduced to the CPCF, local services or pharmacy practice during the pandemic may not be supported by contractors post-pandemic.

One example could be the general increase in the delivery of prescriptions to patients, but views on that and other changes may vary across contractors, depending on their current business model and any plans for the future.

The Pandemic Delivery Service is time-limited during the pandemic*, so that service will fall away at the end of the pandemic, but the desire of patients to have prescriptions delivered on an ongoing basis may persist.

* Currently it runs until 1st July 2020.

What new service requirements or changes to pharmacy practice would we not wish to retain in the new normal?

4) What have we started doing and would want to CONTINUE?

Contractors have rapidly adopted new ways of working during the pandemic. For example:

- **Remote consultations** – there has been an increase in the number of pharmacies using communications technologies to undertake remote consultations with patients. In some cases, contractors are using the same or similar systems to those that are now being used by most GP practices.
- **Improved access to patient data** – additional information is now included in the SCRs of most patients, but this temporary change is only in place due to pandemic legislation. We are attempting to collect case studies to identify the additional benefit this is bringing to patients, to then argue for the data to be available on an ongoing basis.
- **Collaboration with other pharmacy contractors and GPs** – LPCs have reported that in some areas, the pandemic has resulted in increased collaboration between contractors and also with general practices. In some cases, Pharmacy PCN Leads have facilitated this, but there is currently no funding for their role, as the new PQS has not commenced and general facilitation within the PCN is not specifically covered in the requirements of the revised PQS.
- **Using flexible opening hours in different ways** – how could flexible working hours provide contractors with an ability to improve patient care in the future, e.g. by providing protected learning time, potentially to undertake joint learning with general practice staff in a PCN, more time for deliveries or other services if

What new ways of working have been introduced during the pandemic, which we want to retain?

5) What have we not been doing but should START?

This question covers changes to the CPCF in 2020-21 which have previously been agreed; consideration now needs to be given to the priority of their implementation and, where appropriate, the timing of their commencement.

Implementing agreed changes to the CPCF during 2020/21

Terms of Service changes

As part of the agreement on Year 2 of the 5-year CPCF, various changes were agreed to the Terms of Service, with a requirement for compliance from 1st July 2020:

- a) Reflect the criteria / requirements for a Level 1 Healthy Living Pharmacy;
- b) Have an NHSmail shared mailbox;
- c) Use NHS Summary Care Records where appropriate;
- d) Update the NHS 111 Directory of Services;
- e) Update pharmacy profiles on the NHS website;
- f) Have the capability to receive and process electronic prescriptions;
- g) Provide an extended notice period to NHSE&I of commencement of the provision of pharmaceutical services;
- h) Notify NHSE&I when entering administration;
- i) Ensure all pharmacy professionals are trained to safeguarding Level 2;
- j) Submit specified 'contract' management and monitoring data electronically (detail not yet agreed with NHSE&I);
- k) Collect additional information and electronically submit data on health campaigns (detail not yet agreed with NHSE&I);
- l) Ensure the pharmacy is registered to receive CAS alerts.

These changes need to be included in the regulations before they become a contractual requirement. The changes were not made prior to the start of the pandemic and because of Parliament currently operating in a non-standard manner, the process to lay regulations is expected to take longer than normal. DHSC anticipate that the regulations will not be laid before the autumn, rather than the original planned implementation date of 1st July 2020.

Should we seek to delay the implementation of any of these requirements beyond the autumn?

The Pharmacy Quality Scheme for 2020/21

Implementation of the new PQS was delayed due to the pandemic. DHSC and NHSE&I will want to consider when the scheme could be safely implemented, without putting at risk the provision of core pharmaceutical services during the pandemic.

At what point do you think contractors will have capacity to start to engage with the PQS and at what point would we want to commence the scheme?

Some elements of the agreed scheme include training and other aspects involve working with patients.

Could pharmacy contractors start to undertake some of the training and other non-patient facing aspects of the scheme during the pandemic, if the patient facing aspects are deferred until after social distancing measures are removed?

Commencing the rollout of new services

As part of the second year of the 5-year CPCF agreement, we agreed to the rollout of a Hepatitis C testing service and the Discharge Medicines Service (DMS).

The Hepatitis C testing service is a near-patient service, where use of PPE is essential, even without the pandemic. The service is only likely to be of interest to pharmacies that provide a needle and syringe programme, with enough clients to make the testing service economically viable.

The DMS involves a conversation with the patient and/or their carer about their medicines regimen, but it is expected that many of these consultations will take place by phone or other remote method, as the patient is likely to be recuperating at home, following their discharge from hospital.

When do you think the rollout of Hepatitis C testing and DMS could commence?

The other major service development expected in 2020-21 is the rollout of GP referrals to the CPCF. This is subject to the positive evaluation of the pilot service, which has continued during the pandemic, but no additional practices could be added to the sites across the country.

The impact of the pandemic on referrals is currently unknown. The change in general practice operations during the pandemic, with a move to full triage using electronic systems and telephone/video consultations is likely to have an impact on the service, which could be positive or negative.

The other Pharmacy Integration Fund pilots (stop smoking referrals from hospital, sore throat test and treat, and hypertension case finding) were put on hold at the start of the pandemic.

What other things have pharmacies not been doing, but should now start?

6) What other matters do we need to consider related to the pandemic and the new normal?

There are a couple of specific areas – provision of services off the registered premises and the flu vaccination service in 2020-21 – where we need to consider PSNC's policy, ahead of discussions with DHSC and NHSE&I.

Are there other matters related to the pandemic and the new normal that PSNC needs to be considering?

Provision of pharmacy services off the registered premises

Pharmaceutical services are ordinarily provided on the registered pharmacy premises, even if the patient is at a remote location, e.g. at home in the case of a telephone consultation. There are several exceptions, where Advanced services can be provided by a pharmacist in the patient's home, e.g. flu vaccination.

Prompted by the need for some pharmacists to shield themselves at home during the pandemic, some contractors have asked whether pharmacists at home could remotely provide certain pharmaceutical services, such as NMS and CPCS consultations.

Many GPs have been providing video consultations while working from home, using laptops and specialist software to allow the consultations to take place and access to the patient's general practice record. Similarly, some community pharmacists have been able to work within the NHS 111 COVID-19 Clinical Assessment Service, using remote IT systems and video conferencing software.

In previous discussions with NHSE&I and DHSC on the provision of services off the pharmacy premises, e.g. the provision of flu vaccination on community centres or places of worship, the potential for unintended consequences, particularly in relation to control of entry, have been flagged.

For example, if pharmaceutical services can be provided from premises other than the pharmacy or the patient's home, would that result in some contractors operating mobile clinics for service provision, which could be temporarily located outside the premises of a competitor pharmacy? While this is probably an extreme scenario, it illustrates the potential for unintended consequences.

Would we want to propose that pharmaceutical services could be provided off the registered premises, other than in the patient's home?

Alongside the potential benefits of increased flexibility for the workforce, would there be any unintended consequences for the pharmacy network?

Flu Vaccination in 2020-21

DHSC, NHSE&I and PHE are currently undertaking work to identify changes which need to be made to the flu vaccination programme in 2020-21. Contractors will also face practical

challenges in providing the service, whilst also trying to apply social distancing wherever possible and managing a likely increase in demand for vaccination as a result of the public's experience during the early phases of the pandemic.

The following changes to the service requirements could be sought:

- a) Remove the paper consent requirement and move to a verbal consent model (this has already been proposed to NHSE&I and DHSC);
- b) Allow the vaccination of care home staff in their workplace;
- c) Provide flexibility for contractors to undertake vaccination within the pharmacy premises, but outside the consultation room, where this supports better social distancing and it can be undertaken in a way which maintains patient safety and confidentiality; and
- d) A continued ability to flex pharmacy opening hours during the pandemic, so that the pharmacy could focus on vaccination at certain times of the day or week, rather than providing all other pharmaceutical services.

From an operational perspective:

- Use of Personal Protective Equipment (PPE) – apron, mask and gloves – will be essential, so supplies will need to be available to contractors (and the cost of this will need to be recognised in funding); and
- The ability of patients to complete their pre-vaccination questionnaire online, in advance of visiting the pharmacy would help to minimise their time spent in the pharmacy.

What changes are required to the service requirements or the practicalities of provision of the service to allow it to be successfully delivered during the pandemic?

What other issues need to be considered in relation to the service this year?

Session 3 – 21st May 2020 2pm – 4pm

This final discussion session will seek to identify actions we need to take, based on the discussions at the previous two sessions.

We will also take time to consider what we would do differently – as contractors and as PSNC - next time there is a pandemic or similar emergency.

This will then feed into prioritising work that needs to be undertaken ahead of the June 2020 Committee meeting and topics which require further consideration at that meeting.