

Minutes of the PSNC Service Development Subcommittee meeting

held on Wednesday 5th February 2020

at 14 Hosier Lane, London, EC1A 9LQ

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

In attendance: Fin McCaul, Adrian Price, Helen Pinney, Alastair Buxton, Sue Killen, Jay Patel, Marc Donovan, Anil Sharma, Mark Burdon, Peter Cattee, Mike Dent, Simon Dukes, Zoe Long, Margaret MacRury, Garry Myers, Alice Hare, Sian Retallick

Item 1 – Welcome from Chair

Item 2 – Apologies for absence

2.1 None.

Item 3 – Conflicts or declarations of interest

3.1 Gary Warner repeated his prior declaration that he is a Managing Partner at Pinnacle Health Partnership LLP, which is an organisation providing IT support for the NHS CPCS. Margaret MacRury declared that she was an expert advisor for the development of the NICE Quality Standard (item 9).

Item 4 – Minutes of the last meeting

4.1 The minutes of the subcommittee meeting held on 27th November 2019 were approved.

Item 5 – Actions and Matters arising

5.1 None.

Item 6 – Discharge Medicines Service

6.1 The progress report set out in the agenda was noted and the subcommittee reviewed the draft service specification.

6.2 Alastair Buxton asked for ideas on the name of the service and distributed a list of suggested names considered by the expert working group.

6.3 The following points were made in discussing the service specification:

- Pharmacy technicians could undertake the reconciliation of medicines after the clinical check by the pharmacist;
- It should be made clear that remote consultations with patients are an option for all contractor types and the wording on the service requirements and when the service is

complete should be easy to understand;

- The patient's demographic details and medicines at discharge would be proposed as a minimum dataset for hospitals to use;
- The core clinical record did not need to be structured and contractors would generally record this in the patient's PMR; and
- PMR vendors and other IT system suppliers would be encouraged to develop IT support for the service to avoid contractors having to make paper records, but that may result in additional costs for contractors.

6.4 The changes to the service specification will be discussed with NHSE&I and it will then be finalised. It was noted that good examples of existing practice would be useful to include in the toolkit for the service, alongside realistic estimates of the number of referrals that the average contractor should expect to receive.

Item 7 – Pharmacy Quality Scheme for 2020/21

7.1 Sunil Kochhar, Prakash Patel, Anil Sharma, Garry Myers and Jay Patel declared that they had all been selected as PCN Pharmacy Leads.

7.2 Alastair Buxton talked the subcommittee through the final PQS criteria, highlighting the changes from the last draft reviewed by the subcommittee and recent changes discussed with NHSE&I and DHSC. It was noted that training and development for PCN leads would be beneficial, particularly to support collaborative working on flu vaccination.

7.3 The subcommittee then considered the proposed allocation of points.

7.4 **It was recommended that PSNC agree the final PQS criteria and the points allocation set out in the agenda.**

Item 8 – Proposal for revised National Chlamydia Screening Programme policy

8.1 The subcommittee considered the Public Health England proposal to change policy on the National Chlamydia Screening Programme (NCSP) and noted the potential for this to require changes to the commissioning of Chlamydia screening services.

8.2 The subcommittee concluded that a response to the consultation was not necessary.

Item 9 – NICE draft Quality Standard: Community pharmacies: promoting health and wellbeing

9.1 The subcommittee considered the draft NICE Quality Standard and agreed the suggested approach to responding described by Alastair Buxton. This would support the proposed standard, but question whether the proposed data capture to support the measurement of statements 1 to 3 was realistic. The financial constraints applying to contractors would also be highlighted in relation to statement 4.

9.2 It was suggested that the relative immaturity of PCNs should also be highlighted in the response.

Item 10 – Hepatitis C Testing Service

10.1 The subcommittee noted the update on the Hepatitis C Testing service and reviewed the final draft of the service specification. No additional comments were received on the service specification and it will now be finalised with NHSE&I.

Item 11 – Nationally directed clinical audit

11.1 The subcommittee reviewed and agreed the draft audit paperwork.

Item 12 – Public health campaigns for 2020/21

12.1 A response from NHSE&I was still awaited on the subcommittee's preferred campaign topics, discussed at the last meeting.

Item 13 – Community Pharmacist Consultation Service

13.1 The information in the agenda was noted and feedback was provided on the time to manage referrals which need to be escalated and the variability of referral numbers received by different contractors.

Item 14 – Pharmacy Integration Fund pilots

14.1 The information in the agenda was noted.

Item 15 – Update on NHS IT projects

15.1 The information in the agenda was noted.

Item 16 – Proposal for a Travel Vaccination Advanced service

16.1 Alastair Buxton summarised the NHSE&I proposal set out in the agenda. The overall proposal, including the funding issues, will be considered at the Committee meeting on 6th February 2020.

Item 17 – Any other business

17.1 None.