

PSNC Service Development Subcommittee Agenda
for the meeting to be held on Monday 7th September 2020
via Zoom
commencing at 9am

Members: Reena Barai, Richard Bradley, Clare Kerr, Prakash Patel, Faisal Tuddy, Gary Warner (Chairman)

1. Welcome from Chair
2. Apologies for absence
3. Conflicts or declarations of interest
4. Minutes of the last meeting (**Appendix SDS 01/09/2020**)
5. Actions and Matters Arising

Action

6. GP Community Pharmacist Consultation Service (**Confidential Appendix SDS 02/09/2020**)
7. Public Health Campaign topics for 2020/21 (**Confidential Appendix SDS 03/09/2020**)
8. Re-defining the Support for Self-care Service (**Confidential Appendix SDS 04/09/2020**)
9. Distribution of COVID-19 treatments in primary care (**Confidential Appendix SDS 05/09/2020**)
10. NICE Quality Standard (**Appendix SDS 06/09/2020**)
11. Any other business

Minutes of the PSNC Service Development Subcommittee meeting
held on Thursday 2nd July 2020
via Zoom

Present: Reena Barai, Richard Bradley, Clare Kerr, Prakash Patel, Faisal Tuddy

In attendance: Mark Burdon, Alastair Buxton, Peter Cattee, Jas Heer, Fin McCaul, Niamh McMillan, David Onuoha, Bharat Patel and Janice Perkins

Item 1 – Welcome from Chair

1.1 In the absence of the Chairman, Clare Kerr chaired the meeting.

Item 2 – Apologies for absence

2.1 Apologies for absence were received from Gary Warner.

Item 3 – Conflicts or declarations of interest

3.1 Reena Barai stated that she is a community pharmacy Primary Care Network (PCN) lead.

Item 4 – Minutes of the last meeting

4.1 The minutes of the subcommittee meeting held on 5th February 2020 were approved.

Item 5 – Actions and Matters arising

5.1 None.

Item 6 – Pharmacy Quality Scheme for 2020/21

6.1 Alastair Buxton thanked all Committee members for their patience as the negotiations on the Half 1 scheme progressed over the last week. The details of the scheme had now been finalised and a Drug Tariff determination was being drafted by DHSC. Once that is finalised and signed, it will be published on the NHSBSA website and PSNC will be able to issue communications to contractors. It is expected that this will be on Monday or Tuesday next week.

6.2 PSNC will publish a briefing listing the evidence of compliance with the scheme which contractors could retain at the pharmacy. Due to the relative simplicity of the scheme, formal NHSE&I guidance will not be issued, but PSNC will issue FAQs which will be agreed with NHSE&I.

6.3 A meeting with NHSE&I and DHSC to discuss the detail of the H2 PQS proposals had been held the previous day. The discussions focused on the initial feedback received from the Committee at the June meeting on the flu vaccination and business continuity criteria.

- 6.4 On the former criterion, there was a discussion on what could be done to ensure GPs engaged in discussions on flu vaccination with pharmacy PCN leads. PSNC expressed concern about the boat having sailed on local PCN discussions regarding flu vaccination and NHSE&I acknowledged this concern. Separately the matter had been discussed informally with a member of the GPC England Executive, who did not believe it was too late for effective local engagement to take place.
- 6.5 On the business continuity criterion, NHSE&I accepted that the term peer review was not appropriate, as they were actually wanting contractors to have a discussion so all knew what was likely to happen at a local level when a pharmacy or practice had to temporarily close.
- 6.6 The subcommittee considered the individual elements of the proposed Half 2 PQS, providing the following feedback to discuss with NHSE&I and DHSC in the ongoing negotiations.
- a. Infection Prevention and Control training – NHSE&I are keen that all staff undertake the training, including delivery drivers. The relevance of the training to this group of staff was questioned, but it was also acknowledged that as the training is short in duration;
 - b. Could the various training systems being used in the scheme provide reports to contractors on which staff have undertaken the training and assessments?
 - c. Would it be possible for the training programmes to be hosted on one platform or on corporate platforms?
 - d. It was noted that there are some inconsistencies in similar wording across the criteria which ideally would be consistent in the final version;
 - e. To manage the risk to contractors of local lock downs impacting on their ability to meet the scheme's requirements, can provisions be agreed to reduce the scheme's burden on contractors where there is a local lock down, without them losing out financially?
 - f. Weight management – for this and other parts of the scheme, a flexible approach to conducting discussions with patients should be possible, e.g. conversations by phone;
 - g. Weight management – could CPPE create a revised version of their weight management training, just containing sections 1 and 3?
 - h. Flu vaccination target – there is a risk that what is agreed between the pharmacy PCN lead and clinical director is inappropriate. To mitigate this risk, could the scope of what can be agreed be restricted to ways in which the pharmacy and general practice services can be optimised to maximise vaccination levels for all eligible patient cohorts (not just the 65 years and over group)? Private arrangements between pharmacies and practices, e.g. community pharmacists vaccinating in general practices, should be excluded from the scope of any agreements. The scheme is due to commence in October, but the flu vaccination service will start on 1st September.
 - i. The need for pharmacy PCN lead funding was noted, but it was recognised that there are varying views on the appropriate level of that funding.
 - j. Business continuity plan review – if 'peer review' is removed from the wording and there are other edits to the wording, an acceptable requirement could be defined. This would be focused on there being a shared understanding across pharmacies and general practices of what was planned, should the staff at any location be unable to work due to C-19 etc. Suggested wording that would be acceptable to the Committee should be sent to Alastair Buxton;
 - k. Patient safety report – the absence of this criterion had previously been noted.

Item 7 – Any other business

- 7.1 Hepatitis C testing service – Alastair Buxton reported that NHSE&I are keen to launch the Hepatitis C Testing service as soon as possible and they are considering whether it would be possible for the service to commence in August. There would be a need to use full PPE to provide the service and the cost of that should be recognised in the funding.
- 7.2 Flu vaccination target groups – there was no further news on this, but it was understood that a submission on the topic, seeking a decision, had now been made to the Secretary of State.
- 7.3 Discharge Medicines Service – many hospitals are moving ahead with the rollout of referrals to community pharmacy when patients are discharged. The office will consider whether any guidance can be offered to LPCs on this ahead of the launch of the national service.

[Return to agenda item](#)

Subject	NICE Quality Standard
Date of meeting	7th September 2020
Committee/Subcommittee	SDS
Status	Public
Overview	NICE published its Quality Standard - Community pharmacies: promoting health and wellbeing – on 28th August 2020. They have asked whether PSNC would wish to be listed as a supporting organisation.
Proposed action	Consider whether PSNC should be a supporting organisation for the quality standard.
Authors of the paper	Alastair Buxton

Introduction

In 2018, NICE published [Community pharmacies: promoting health and wellbeing](#) (NICE guideline NG102), which described ways in which community pharmacy teams and others could better support the promotion of health and wellbeing.

As is generally the case, following the development of guidelines, NICE will then look to develop quality standards. This work started in mid-2019.

What are NICE quality standards?

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care.

The standards are derived from high-quality guidance, such as that from NICE or accredited by NICE. They are developed independently by NICE, in collaboration with health, public health and social care practitioners, their partners and service users. Information on priority areas, people's experience of using services, safety issues, equality and cost impact are considered during the development process.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. NICE says that taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

The quality standard

NICE initially undertook work to define the scope of the quality standard, followed by development of a draft, with consultations on both matters, which PSNC responded to.

The [quality standard has now been published](#) (28th August 2020) and NICE have asked whether PSNC would consider becoming a supporter of the standard. This would entail being listed as a supporter within the quality standard document and committing to disseminating information about the standard via our communications channels.

The quality standard covers how community pharmacies can support the health and wellbeing of the local population. It is aimed at commissioners, service providers (community pharmacies), health, public health and social care practitioners, and the public.

There are four quality statements:

Statement 1: People who have a long-term health condition or those who look for support to improve their health and wellbeing are offered advice and education when they use community pharmacy services.

Statement 2: Community pharmacies and commissioners work together to raise awareness of the health and wellbeing expertise and services available from community pharmacy teams.

Statement 3: Community pharmacies and commissioners work together to integrate community pharmacy services into care and referral pathways.

Statement 4: Community pharmacies and commissioners work together to agree health and wellbeing interventions to support people from underserved groups.

For each of these statements, the quality standard document contains a rationale for it and suggested ways to measure achievement of the standard.

When PSNC responded to the consultation on the draft quality standard in February 2020, we highlighted that whilst some of the proposed standards were sensible statements, it would not necessarily be easy to measure achievement of the standard; this arguably remains the case for the final standards.

Subcommittee action

The subcommittee is asked to read the full [quality standards document](#) and consider whether PSNC should agree to support them.

[Return to agenda item](#)