

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.