

**Pharmaceutical Services Negotiating Committee**  
**Communications and Public Affairs (CPA) Subcommittee Agenda**  
**Wednesday 5th February 2020 at 3pm**  
**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. Communications and Public Affairs Planning 2020 **Appendix 02/02/2020**
6. PSNC Policy Asks **Appendix 03/02/2020**
7. Website Review **Appendix 04/02/2020**
8. Stakeholder Map **Appendix 05/02/2020**

**Report**

9. Pharmacy Communications **Appendix 06/02/2020**
10. Parliamentary Engagement **Appendix 07/02/2020**
11. Wider Public Affairs **Appendix 08/02/2020**
12. Any other business

Subject	Communications and Public Affairs Planning 2020
Date of meeting	February 2020
Committee/Subcommittee	Communications and Public Affairs
Status	Not Confidential
Overview	Outlining plans for PSNC's communications and public affairs work in 2020.
Proposed action(s)	Approve plans for 2020.
Author(s) of the paper	Zoe Long

## Communications and Public Affairs Planning 2020

### Agreed Subcommittee Workplan for 2020

In November 2019 the subcommittee reviewed its workplan and agreed that objectives for the year ahead should remain as follows:

- Ensure that contractors understand the work that PSNC does and the value of it. This will include work to ensure that all PSNC subcommittees are communicating effectively.
- Improve contractor understanding of the environment in which they are working and of how pharmacy funding works at a macro level.
- Build the media profiles of both PSNC and community pharmacy to help promote the sector.
- Carry out a strategic influencing programme to improve policy makers' perceptions and ambitions for the sector.
- Improve understanding and coverage of our core messages about the need to protect pharmacies, and their potential and value.
- Enhance collaborative working arrangements – both with the national pharmacy organisations and LPCs – to ensure that community pharmacy is unified wherever possible.

Business as usual communications and public affairs work must continue to ensure that PSNC is engaging with pharmacy contractors (via emails, CPN, social media, etc), working with the pharmacy press and maintaining support from MPs. In November, some priority projects were identified as:

- Production of GP communications (including an animation) to promote key messages about pharmacy to GPs and PCNs;
- A further animation for contractors, probably to form part of a 'one year on' communications programme about the CPCF, which may include further live events;
- A full upgrade/review of the PSNC website;
- Update PSNC's stakeholder map and tracking of stakeholder engagement; and
- Host at least one Parliamentary event to promote pharmacy to all new MPs in the New Year.

In addition to these specific areas of work, the team have worked up a plan and ambitions for the year, as well as ideas for how to deliver it, and these are outlined below. One thing to note is that the independent review into contractor support and representation is likely to result in some recommendations about PSNC communications – the subcommittee will discuss those in May.

### Communications Plan for 2020

#### **Objectives and Audiences**

The principle audiences for our communications work are community pharmacy contractors, community pharmacists and their teams (and the organisations that represent them) and LPCs. Audiences outside of pharmacy are covered in our public affairs work. In line with the subcommittee workplan, our key objectives for 2020 are to:

- Develop and promote PSNC guidance and resources so that community pharmacy contractors are best equipped to offer the new services set out within the five-year deal and to free up capacity within their businesses.
- Find ways to better engage contractors and LPCs in PSNC and its work. This will include strengthening the relationship between PSNC and the LPCs.
- Ensure that more people working in community pharmacy understand the role of PSNC and what it delivers for them (including promoting our ongoing work for the sector).

- Ensure that more people within community pharmacy understand the five-year deal and what it means for community pharmacy businesses.
- Provide more information to people in community pharmacy about the wider NHS and how we fit into that.

Throughout the year we will focus on these principles in planning proactive work, and when we take part in reactive work (such as responding to media queries). As well as exploring ways to improve and develop our own communications channels (particularly our digital communications) we will continue to focus on the pharmacy press as a way to amplify our messages and to reach a wider audience among community pharmacy contractors and their teams. Our tone will continue to be professional and open, while also trying to be helpful and responsive to contractors' concerns.

### **Milestones**

In 2020 a number of key events/projects will provide opportunities to help us to deliver on these objectives. We will plan proactive communications around all of the following:

- PSNC Website upgrade: work to improve the website is outlined in [Appendix 04/02/2020](#) and we will also develop plans to show how a new website might allow us to better engage with our key audiences.
- CPCF 2020/21 Announcements: there is likely to be a significant announcement before April 2020 with announcements of service details to follow. All of these will be opportunities to get our key messages across, as well as relaying the information that contractors need.
- Independent Review: this is likely to report in April.
- CPCF One Year On: the summer will offer a key opportunity to develop messaging for contractors about the next four years and beyond.
- Annual Report: the annual report will be a key publication in the autumn.
- CPCF Annual Reviews: the first annual review process will be a chance to engage LPCs and contractors and to show that we are making the cost and capacity cases to Government.

### **Other Key Activities and Tactics**

As well as these key timetabled communications, throughout the year we will be exploring a range of ideas to help deliver on our key communications objectives. These will include:

- Reviewing Community Pharmacy News and PSNC publications (including Briefings) to ensure these remain fit for purpose and are the best ways to engage with our audiences.
- Building on the CEO Blog to improve the visibility of PSNC Committee Members and allow them to share their views with contractors. This has started this month with the promotion of a blog by Stephen Thomas.
- Building on the previous support we have given Committee Members with comms (e.g. the template CPCF presentation, and the Committee Meeting summaries) to ensure that Members have access to more regular key message ideas from the office.
- Finding new ways to promote our work to contractors e.g. exploring digital/videos to communicate key messages about PSNC meetings.
- Using case studies to help contractors to engage with the CPCF – we have recently published a CPCS case study and are exploring this area with Pfizer.
- Delivering a programme of proactive articles through the pharmacy press.

## **Public Affairs Plan for 2020**

### **Objectives and Audience**

We have mapped some of our principle (non-pharmacy) audiences in [Appendix 05/02/2020](#). For 2020 we expect some of our most important stakeholders for public affairs work to be:

- Parliamentarians and local politicians;
- Policy makers;
- GPs;
- Hospital trusts; and
- Charities and third sector patient groups.

Detailed objectives for each of these groups are set out below, but our key aims remain to ensure that all audiences understand the value and potential of community pharmacy as well as why they should use or work with pharmacies, and to make the case and get support for further investment into the sector to help pharmacies to move from a dispensing to a more service-based model.

#### Parliamentarians and local politicians

A plan for Parliamentary engagement is set out in [Appendix 05/02/2020](#). Our objective is to build as many advocates for pharmacy in Parliament as we can, and to ensure that MPs understand the value of the sector and are speaking up for us. We also want to ensure that MPs and Peers are scrutinising pharmacy policy, and that some are making the case for additional investment in the sector, in line with our policy asks. We will work closely with LPCs to try to achieve these objectives, and we will look to influence Ministers in both Health and the Treasury.

#### Policy makers

As for MPs, our objectives are to ensure that policy makers understand the value of the sector and to persuade them to support some of our policy asks and further investment in the sector.

#### GPs

GPs are at the heart of primary care and as such we want to ensure that as many as possible understand what community pharmacies have to offer and why they should work with them through the Primary Care Networks. A specific objective will be to engage with GPs about the extension of referrals to the CPCS via GP practices and to encourage use of that referral pathway. We will also want to try to ensure that GPs are supportive of pharmacy roles in vaccination, and of the various services that are due to be piloted through the five-year CPCF agreement.

#### Hospital trusts

Secondary care will be a key audience for engagement with around the Medicines Reconciliation Service to try to encourage appropriate referrals to pharmacies.

#### Charities and third sector patient groups

Charities, patient groups and policy think tanks can be useful advocates for community pharmacy. Our objectives in working with them in 2020 will be to ensure that they understand the five-year CPCF and the services that community pharmacies will offer and that, where appropriate, they are promoting pharmacy to the people they represent. We also work to find supporters for our policy asks and to work collaboratively on projects that could help to achieve those where we can.

Much of our public affairs work will focus on trying to achieve the policy asks set out in [Appendix 03/02/2020](#) and we will look for opportunities to strengthen our messages by working with the other pharmacy organisations and to amplify them using the national media.

#### Milestones

In 2020 a number of key events/projects will provide opportunities to help us to deliver on these objectives. We will be working proactively on all of the following projects:

- Parliamentary reception: as described in [Appendix 05/02/2020](#), a Parliamentary event before Easter recess will provide a good opportunity to relaunch the APPG and to engage with MPs.
- Prevention paper: following our 2019 party conference events, working with the CCA, NPA and AIM we plan to publish a policy paper on prevention and to use that as a springboard for more engagement on this topic with charities and policy makers.
- CPCS referral rollout: we expect referrals from GP practices to the CPCS to be rolled out in 2020/21 and are already working with the other pharmacy organisations and NHSE&I on communications planning to ensure that we engage with GPs as effectively as we can.
- RCGP Conference: this will provide a useful touchpoint for contact with GPs.
- Medicines Reconciliation Service launch: the launch of this new service will provide a topic for discussion with hospital trusts and their representatives, and with patient groups/charities.

### **Other Key Activities and Tactics**

As well as working on these key projects, in 2020 we will also explore:

- Training/information for charities: a number of charities have said that they would be interested in receiving resources from us to help to educate their teams about pharmacy services. We will update our existing resources following the five-year deal and look to roll these out to our key charity contacts.
- Working with the PAGB: the PAGB are looking to pilot services to support their policy objectives to enable pharmacies to refer to other professionals and to have 'write' access to medical records. We will explore whether we could partner on public affairs work on this.
- Party conferences: these could be a key opportunity to take forward a number of objectives and we are in discussion about this with the other pharmacy organisations.
- Partnership working: in 2019 we agreed to a joint workplan with the communications and public affairs teams of the other pharmacy organisations. We are hoping to replicate that approach this year.

### **Subcommittee Action**

The subcommittee is asked to consider the communications and public affairs plans:

- How can we improve these and are there any particular priorities?
- Which areas can we work best with others on?
- What will success look like at the end of the year?

Subject	PSNC Policy Asks
Date of meeting	February 2020
Committee/Subcommittee	Communications and Public Affairs
Status	Not confidential
Overview	A review of PSNC's policy asks.
Proposed action(s)	The subcommittee are asked to review the updated policy asks.
Author(s) of the paper	Zoe Long

## PSNC Policy Asks

### Introduction and Purpose

In 2019 the subcommittee agreed that PSNC should have a set of policy asks which it would keep under review. These have now been updated following the five-year agreement on the CPCF.

The asks set out our ambitions for the sector that are beyond what has been agreed with DHSC and NHSE&I. But the policy asks do not undermine the five-year deal: we support the deal and are pleased to be able to deliver on the services agreed within it, but these asks are things that we want for pharmacy alongside, or in addition to, what is set out in the deal – being able to articulate these and to provide evidence for the value they would deliver should help us to start to make the case for investment into the sector that is over and above the baseline agreed as part of the deal.

### PSNC Policy Asks

The proposed revised asks are set out below.

#### Community Pharmacy Contractual Framework

- Continued development of and investment in community pharmacy services in line with the five-year CPCF agreement, recognising the costs and scale of the new services.
- Investment in community pharmacy services over and above the agreed £2.592bn per annum, to fund the further expansion of clinical services.
- Closer alignment of the CPCF with the GP contract to allow community pharmacies to help GPs with their capacity crisis.

#### 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 pharmacy funding distribution that doesn't expose individual pharmacy owners to unreasonable risks.
- Exemption for all healthcare services provided in NHS community pharmacies from VAT on the basis that these are NHS healthcare services.
- Reimbursement of business rate costs for NHS pharmacies, recognising that these are healthcare premises and bringing pharmacies in line with General Practice.
- Fair funding for pharmacies to recognise the increasing advice and support they are giving patients walking into pharmacies seeking advice on minor ailments and self-care.

#### Service Development

- Commissioning of national public health services from community pharmacies, beginning with stop smoking and EHC services.
- National commissioning of a range of vaccination services from community pharmacies.
- National commissioning of the NHS Health Check service from pharmacies, to address the current patchy local commissioning. The service should include greater follow-up support for people who have agreed lifestyle changes following their check, provided by pharmacies.
- National commissioning of services enabling pharmacies to monitor and provide routine management and advice for patients with long-term conditions and on certain long-term medications such as contraceptives.

#### PCNs and Local Commissioning

- Government should take steps to improve rural pharmaceutical services.

- Collaborative development and joint publication of wider standard service specifications with NHSE&I and Public Health England. These specifications will then support the commissioning of local community pharmacy services by local commissioners.

### **Integration and Enablers**

- Community pharmacies to be included in integrated systems for local health and care records where appropriate permissions are given, including patient consent.
- Medicines for all patients with long-term conditions should be prescribed via the electronic repeat dispensing service, where this is appropriate for the individual.
- Implementation of consistent IT links between pharmacies and hospitals to support the planned pharmacy Medicines Reconciliation Service.
- Careful introduction of planned legislation around hub and spoke dispensing and supervision to ensure that no parts of the pharmacy sector are unfairly impacted by these changes.
- Changes to make it easier for community pharmacists to support GPs and prescribing eg by becoming independent prescribers.

### **Medicines Supply**

- Changes to allow community pharmacists to generically substitute clinically appropriate medicines where this could reduce NHS costs.
- Changes to allow original pack dispensing for all prescribed items.
- A DHSC-endorsed best practice guide to encourage manufacturers and wholesalers to ensure that ordering processes are consistent and as easy as possible for community pharmacy contractors.

### **Next Steps**

Once agreed by the subcommittee we plan to convert the policy asks into an updated (short) vision narrative for the sector. We can then use extracts from this key messaging within our briefings to MPs; to inform discussions with charities; to explain our work and ambitions to community pharmacy contractors; to seek shared objectives with other pharmacy organisations and stakeholders; and in a letter to the Secretary of State for Health and the Minister with responsibility for pharmacy.

### **Subcommittee Action**

The subcommittee is asked to consider:

- The updated policy asks – what further additions or amendments are needed?
- The proposed next steps – how else could we be building the case for these asks?

Subject	Website Review
Date of meeting	February 2020
Committee/Subcommittee	Communications and Public Affairs
Status	Not confidential
Overview	This paper describes work undertaken to assess the usability of PSNC's website and summarises some options available to improve it.
Proposed action(s)	Review proposals and next steps.
Author(s) of the paper	Melinda Mabbutt

## Website Review

### Introduction

The PSNC Communications Team has carried out a review of the current website to determine what could be done to improve it. Due to the costs and workload involved in a full website upgrade, and the desire to improve things as quickly as possible, this review stage focusses on what can be done quickly to make the current site better. Longer-term options, including for a possible upgraded website, will be discussed at the next subcommittee meeting.

### Improving usability – immediate action

There are a few things that the office has started to do in the first instance to help make the website more user-friendly. Work is underway to:

- Ensure all pages and articles map correctly to the current website structure;
- Archive out of date material;
- Implement auto-confirmation email responses to medicines supply and pricing issues reporting forms;
- Analyse the calls and queries coming into the PSNC office relating to website visitors who were not able to find what they needed;
- Review what website visitors are searching for and which of our webpages they are visiting most (see below); and
- Use the above information to tweak the website to better highlight the information that most people want from it.

### Data analysis

#### Searches

The most popular search terms on the website in 2019 were as follows.

	SEARCH TERM	(ASSUMED) CORRECT RESULT PLACEMENT	QUICKEST WAY TO FIND WEBPAGE
1	quality payments	2nd (under FAQs)	Quick Links Menu
2	quality payment	2nd (under FAQs)	Quick Links Menu
3	essential services	1st	Main navigation menu
4	Ncso	1st	Quick Links Menu
5	Mur	Numerous pages on MUR are returned	Main navigation menu
6	Nms	Numerous pages on NMS are returned	Main navigation menu
7	Gdpr	1st	Main navigation menu
8	pharmacy first	unknown	n/a
9	Contact	unknown	n/a
10	private prescription	unknown	n/a
11	cpcs	2nd (under FAQs)	Quick Links Menu
12	summary care card calculator	unknown	n/a
13	drug tariff	1st	Main navigation menu
14	movianto order form	unknown	n/a
15	pqs	2nd (under FAQs)	Quick Links Menu
16	audit	8th (under subpages about previous audits)	Main navigation menu

17	nms medicines list	9th	NMS page from main menu then from sub-menu
18	flu	Numerous pages on flu are returned	Quick Links Menu for main flu vaccination service page
19	online pharmacy	11th	Main navigation menu
20	concessions	2nd (under price concessions archive)	Quick Links Menu

The evidence would suggest that there is room for improvement in terms of making the key pages on some popular topics easier to find. It is concerning that some older content is appearing above newer information in search results.

Conversely, the popularity of a term such as 'online pharmacy' also implies that the website is possibly being used by the public to try to find out general information about pharmacies. The office has noticed that patients and the public are increasingly calling or emailing us directly about NHS or pharmacy related issues because they have found us via a Google search. This tells us that our SEO ranking for key pharmacy topics is very good, but we may want to consider making tailored information for these wider audiences more obviously available from our homepage.

### **Most visited pages**

The top 30 most visited webpages in 2019 were as follows.

	<b>PAGE NAME</b>	<b>UNIQUE VISITORS</b>	<b>MENU DEPTH (LEVEL)</b>
1	Price concessions and NCSO	320,097	4th*
2	Homepage	251,063	1st (top)
3	Controlled Drug prescription forms and validity	65,886	4th
4	EPS Prescription Tracker	63,079	6th
5	Medicines Use Review (MUR)	54,688	4th
6	Pharmacy Quality Scheme	45,425	3rd*
7	National target groups for MURs	39,798	5th
8	Exemptions from the prescription charge	37,737	5th
9	Community Pharmacist Consultation Service	37,516	4th*
10	Controlled Drug regulations	31,968	4th
11	Is this prescription form valid?	30,804	4th
12	Flu Vaccination – record keeping and data requirements	29,147	5th
13	New Medicine Service (NMS)	29,000	4th
14	Flu Vaccination Service	27,882	4th*
15	What does the patient pay?	27,406	4th
16	MUR patient consent	25,063	5th
17	NHS Choices website now referred to as the NHS website (news story)	24,374	n/a
18	Disposal of unwanted medicines	24,026	4th
19	Quality Payments (now expired)	23,818	4th*
20	Who can prescribe what?	23,059	4th
21	Pregabalin and gabapentin to be controlled drugs (news story)	19,807	n/a
22	Primary Care Networks (PCNs)	19,337	3rd*
23	Supply chain and shortages	19,177	3rd
24	Flu Vaccination – service spec and PGD	18,738	5th
25	Flu Vaccination – eligible patient groups	18,469	5th

26	Dispensing and Supply	18,067	2nd
27	CPCF settlement: 2019/20 to 2023/24	17,958	4th*
28	MURs: the basics	17,469	5th
29	Repeat Dispensing/electronic Repeat Dispensing (eRD)	16,561	4th
30	Flu Vaccination FAQs	16,503	5th

\*Appears in our Quick Links Menu

\*\*Button appears on our homepage

The evidence would suggest that many website visitors are finding the pages they need, even when they need to work down through the different levels of the website. However, there still is a trend that higher level pages are getting more hits.

### Phone calls

An assessment of the calls received by PSNC's Dispensing and Supply Team between 1st October 2019 and 31st December 2019 found that:

Category	Price concessions/ Shortages & supply issues	Drug Tariff	Other	TOTAL
Number of calls where the information required was on the PSNC website	75	175	15	268
Total number of calls received				939

This means that 29% percent of the team's calls could have been prevented if those people had tried and been able to locate the relevant information on the PSNC website. Whilst the total number of calls handled is lower now than when the website was first launched, the evidence does suggest more could be done to help pharmacy teams find the information they need more quickly on the website.

### Improving usability – proposals

Below is the progress we have made in each area so far, with detail of the next steps.

#### Search function

*Problem:* The website search tool doesn't prioritise newer information over older pages.

*Proposal 1: Improve current search plugin.*

The search tool is maintained at plug-in level, so we should be able amend it. The current plug-in is working on relevance only. Changing this would cost 0.5 days of our website support budget, including investigation.

*Proposal 2: Use a Google site search instead.*

Embedding a Google site search is an option, but an ad-free version is only available for certain types of organisations (this does include non-profits, but PSNC would have to register with Google first). We might also encounter issues rolling this out across the LPC sites network. This would need further investigation but is likely to cost 1 day of our website support budget to investigate, with a further follow up of development days to be confirmed.

*Recommendation:* Proposal 1 seems a sensible solution at this stage, with testing ongoing.

## **Mobile friendliness**

*Problem 1:* It's been reported that the website is clunky to view and navigate on phones.

*Feedback from EBI:* Unfortunately, the theme is too old to make these updates to. There are some plug-ins such as WPtouch that will make updates for you, but these come with additional costs that would need to be investigated further, and we can't say with any confidence how it will look. Costs cannot be estimated without further investigation.

*Recommendation:* If the subcommittee believes this to be a significant enough issue, we can ask EBI to explore this further. It is worth noting, 36% of website users accessed via a mobile device in 2019.

*Problem 2:* Safari (the default browser for iPhones and iPads) does not load the sliders and news banners on the website homepage.

*Feedback from EBI:* We believe that a recent iOS or Safari upgrade may have resolved this.

*Recommendation:* N/A. The office and EBI will check that the update has been made for those Apple devices most used to access the website.

## **Archiving**

*Problem:* Old or outdated material is sometimes found on the website, despite having been superseded by newer information.

*Action being taken:* The Communications Team has put together maps of all the webpages in each section of the website and we are working with the relevant policy leads to review. Working together, we will identify the content which could be archived, condensed or mapped differently.

*Recommendations:* Moving forwards, it would be beneficial to implement a better archiving system but, with such a large website to manage, we would like to introduce an element of automation to this process. Programs such as GitHub and Bitbucket have been suggested to us as a way to better manage version control. This would tie together all our information on one topic and pull it through to various pages, as well as allowing people to suggest changes when they spot something that they believe to be inaccurate or out-of-date. We will explore this option alongside recommendations from EBI, but it is estimated that it would cost 0.5 days of our website support budget to implement.

## **Navigation**

*Problem:* Website visitors sometimes experience difficulties finding the information they need.

*Action being taken:* The office uses numerous shortlinks for the website (e.g. [psnc.org.uk/5yearCPCF](https://psnc.org.uk/5yearCPCF)), but there is no public repository of these. We will do more to promote these, including putting together a list for the February edition of CPN magazine and making available a downloadable format.

*Recommendations:* Moving forwards, the office will consider ways to simplify the structure of the website, including by making changes to both the main navigation bar and the side menus. We will also review a number of other websites and collate a series of layout and styles that we want to try and replicate, as well as exploring alternatives to Wordpress which may better suit our needs.

## **Reporting forms**

These are a vital tool in gathering information about supply issues to inform PSNC's work. To increase their usage by contractors and further support our work, we want to:

- Optimise for mobile devices;
- Add functionality to capture and attach images of invoices;
- Allow selection of a drug from pre-populated database to auto-complete the drug name, pack and price fields;
- Include other auto-fill or cached information; and
- Improve quality of data capture and reporting.

This has previously been explored by the Dispensing and Supply Team, with a preference for developing a specific web app (an internet-enabled app that is accessible via the mobile device's Web browser). The team were quoted costs in the region of £8,000.

### **Improving performance**

Our website developers, EBI Solutions, have advised us that we could improve the loading speed of the website, and protect it from potential periods of unplanned downtime, in a number of ways. Some of this work – including the recent security upgrades for both the PSNC and LPC websites – has already been carried out, but another key option remains.

#### **Create a separate development environment**

Currently, PSNC's production (live) and development (testing) websites sit on the same host server. EBI informed us that having our development environment hosted on a different server instead would improve performance. It would also reduce the impact of any brute force attacks (which generate extra load) as the server load would be split over two servers instead of one.

From a continuing development point of view, it would also provide us with a more secure environment for testing. This would ensure that any problems encountered during the testing of significant updates won't affect the live site, as well as providing a more robust system for identifying the root cause of faults.

#### **Costings**

The work undertaken up until now was covered by our regular website maintenance budget. However, creating a separate development environment would incur additional expenditure – not least because we would need to purchase the required second server. This may provide an opportunity to review our current server provider and website host, Coreix.

The physical server currently being used to host the production and development sites (managed by Coreix) has a 4x Intel i3 Core Processor 16GB RAM. We are on a 36-month contract (ending February 2020) costing £414.19 (inc. VAT) per month.

EBI has advised that the two servers (production and development) wouldn't require the same specification. The development environment will be less resource heavy and will have fewer active users at any given time, and so is less likely to experience performance issues. They have also recommended moving to a virtual rather than a physical server as this allows more flexibility when making changes such as increasing or decreasing the resources required on the server.

A comparator company, TSO Host, offers a 2x Intel Core Xeon 1.5GB RAM managed virtual servers for approximately £750 a year, plus an extra £35 a month for a managed firewall. On top of this, there would also be an additional cost if we decided to use TSO's WordPress site migration method to move the site across. For completeness, we requested costs for both website servers as they may be more manageable under the same host.

In providing an estimate for an additional server, Coreix noted that cloud-based solutions don't currently adhere to NHS requirements. However, as this is solely for a testing rather than a live site, we don't envisage that will be an issue. The cloud option offered was 4GB RAM, 2vCPU, 160GB SSD for £100 per month, but this would not include support, compliance, ensures performance (i.e. no resource contention). For a full server dedicated to us (and a fully compliant option), Coreix's smallest server offers an Intel i3 4330, 3.5GHz, 4 Logical Cores processor with 8GB RAM, also at £100 a month.

At-a-glance:

### COREIX

	<b>Current server</b>	<b>Additional server option 1</b>	<b>Additional server option 2</b>
<b>Server specification</b>	4x Intel i3 Core Processor 16GB RAM	2vCPU 4GB RAM	4x Intel i3 Core Processor 8GB RAM
<b>Monthly cost</b>	£345	c. £100	c. £100

### TSO HOST

	<b>To match current server</b>	<b>Additional server</b>
<b>Server specification</b>	8x Xeon Cores CPU 8GB DD4 RAM	2x Xeon Cores CPU 1.5GB DD4 RAM
<b>Monthly cost</b>	c. £210	c. £70

Moving to TSO could certainly be an option. However, if we expect a more substantial website upgrade later this year then it may be wise to pause on this change for now.

### Subcommittee Action

The subcommittee is asked to:

- Consider the usability improvement proposals for EBI – do they sufficiently address the issues with the website?
- Consider the need for a separate testing environment and review the potential options.
- Share details of any features that from other websites that they like and find useful, which may also work for a future PSNC website – the office will incorporate these into their review.

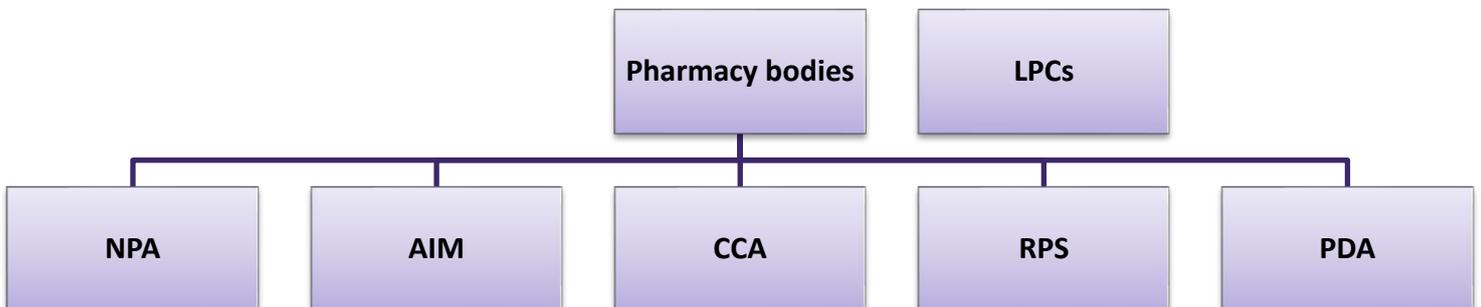
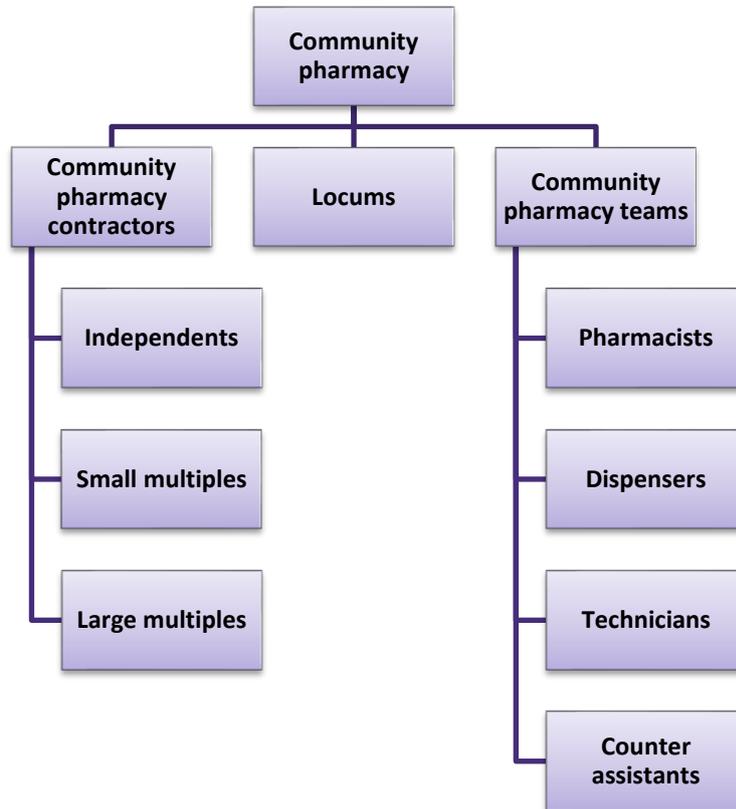
Subject	Stakeholder Map
Date of meeting	February 2020
Committee/Subcommittee	Communications and Public Affairs
Status	Not Confidential
Overview	An updated stakeholder map for PSNC.
Proposed action(s)	Subcommittee to review the map and to suggest any additional priority stakeholder groups.
Author(s) of the paper	Jessica Ferguson

## Stakeholder Map

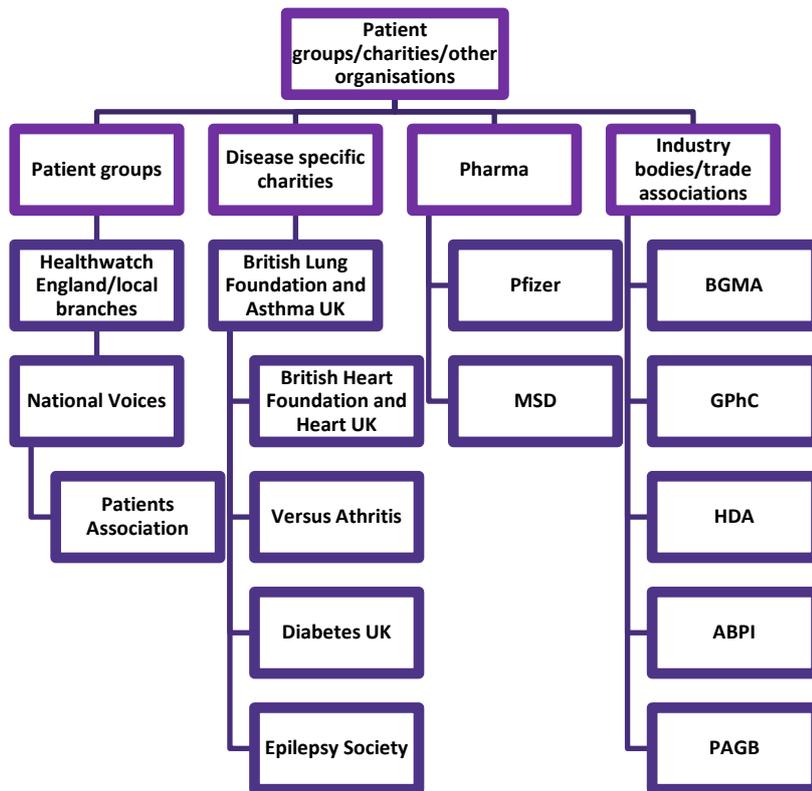
### Introduction

The team has been working on a public affairs strategy for 2020 which is set out in [Appendix 02/02/2020](#). To inform our engagement plans we have mapped groups of stakeholders and would like the subcommittee to review the groupings and consider any additional priority groups for 2020.

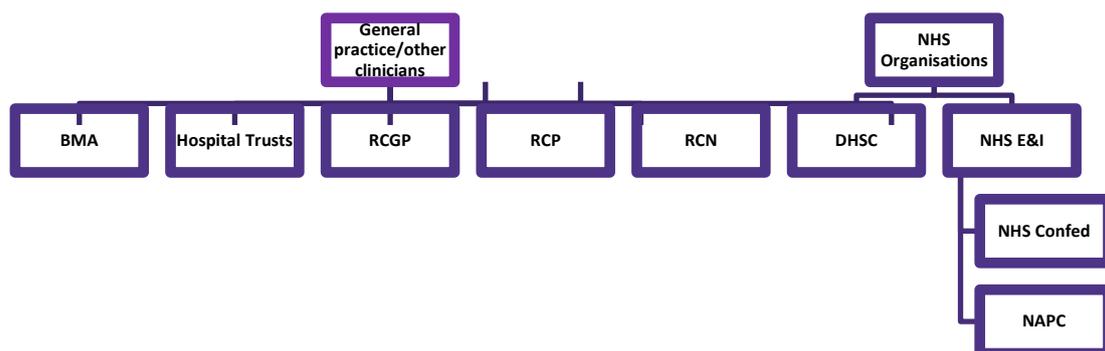
### Community pharmacy



## Patient groups/charities/other organisations



## General practice/other clinicians/NHS



## MPs, Parliamentary groups and think tanks



### Subcommittee Action

The subcommittee is asked to review the stakeholder maps and to consider any other groups or organisations which we should be targeting for engagement this year.

Subject	Pharmacy Communications
Date of meeting	February 2020
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 – for report.
Author(s) of the paper	Melinda Mabbutt

## Pharmacy Communications

### Introduction

Below is a round-up of the communications work undertaken by the PSNC Communications and Public Affairs Team since the last PSNC meeting.

### Proactive communications and press interest

In the past few months the Communications Team has provided comments to the pharmacy press on a range of topics including the General Election, medicines shortages, the independent review of contractor representation and support, and flu vaccinations.

### Briefing Chemist+Druggist's new team members

We have had an introductory meeting with C+D's News Editor, Nora Elias. Whilst Nora did have some knowledge of the NHS, we were able to explain PSNC's role in the community pharmacy sector and what she can expect from our Comms Team. Editor James Waldron departed at the end of January, to be replaced by Beth Kennedy. Formerly Editor of The Pharmacist, Beth knows the sector well, but we will look to meet with her in her new role in the coming months.

### PQS deadline reminder

Conscious of the upcoming deadlines for the NHS website gateway criterion and the Directory of Services profile quality criterion of the Pharmacy Quality Scheme in November 2019, Melinda Mabbutt and Rosie Taylor worked together to develop a reminder article for the pharmacy press. The article, published in [The Pharmacist](#), made use of data published by the NHS Business Services Authority (NHSBSA) and the potential loss of quality payments to emphasise the urgency for action to be taken.

### CPCS case study

To mark ten weeks since the launch of the Community Pharmacist Consultation Service (CPCS) – and as a reminder of the final deadline to claim a Transitional payment for registering to provide the service – Melinda Mabbutt interviewed one of the early adopters. Siobhán Boyce, Pharmacy Manager and Superintendent Pharmacist at Bewick Pharmacy in County Durham, shared her experiences of the service in a case study that was published on the [PSNC website](#) in early January 2020.

### Webinars and videos

Recognising the busy workload at the end of 2019, no contractor webinars were held in November or December. However, our next event has been publicised and a remote meeting was held for LPCs.

### Representation Review Meeting

On 4th December, PSNC held a remote meeting for LPC Chief Officers via our webinar system. This session was to introduce Professor David Wright who had been chosen to lead the independent review into pharmacy representation and support. During the event, Prof Wright outlined his plans and answered questions.

### Data Security and Protection Toolkit (2019/20) Workshop

PSNC will be holding a webinar to help support community pharmacy contractors in completing the Data Security and Protection Toolkit for 2019/20 on Thursday 6th February at 7.00pm. Representatives from PSNC and NHS Digital will discuss the questions in the Toolkit, talk through the guidance materials available, and answer viewers' questions on how to make the declaration.

### **Consolidations and Mergers**

We are in the early stages of planning a webinar on regulations around consolidations and mergers. PSNC Director of Operations and Support, Gordon Hockey, will lead this webinar and is looking at possible dates in early March. Promotion will begin shortly.

### **News round-ups for LPCs**

Our round-ups of key contractual news and guidance have been well received by LPCs and, following a break over the festive period, continue to be published on a weekly basis.

### **Briefings report**

PSNC Briefings since the last committee meeting have included guidance for taking part in the Pharmacy Quality Scheme, early learnings and tips for the Community Pharmacist Consultation Service, and support in following the latest Serious Shortage Protocol.

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

### **PSNC digital communications reports**

**November 2019 overview:** We saw a surge in interest in the Pharmacy Quality Scheme (PQS) as audit deadlines approached and more resources became available. Price concessions continued to be a popular topic.

Our largest peak in website numbers was on Tuesday 5th, the day we sent out a 'CPCF Checklist' email reminding contractors of the need to start their valproate audit for PQS. There was a similar peak on Tuesday 12th, the day we sent a general newsletter.

**December 2019 overview:** Supply issues were a topic of some interest once again this month, particularly as further details of MHRA concerns about the drug ranitidine become known. It is also worth noting that our job advert for someone to join PSNC's Services Team was popular.

Our largest peak in website numbers was on Monday 2nd, this may be because it was the first working day after the month end. Overall website traffic numbers are lower for this month, as is to be expected with the holiday period making pharmacies busier than usual.

Full statistics reports overleaf.

### **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.

## November 2019: PSNC comms statistics report

### PSNC Website

Audience	Nov 2019	Oct 2019
Number of unique visitors (site entrances)	<b>238,337</b>	294,072
Number of unique pageviews	<b>424,511</b>	532,253



Pages	Views
Price concessions and NCSO	19,192
Pharmacy Quality Scheme	13,080
Community Pharmacist Consultation Service	10,559
Controlled Drug prescription forms and validity	5,551
Flu Vaccination – record keeping and data requirements	4,764

News stories	Date	Views
PQS: lithium audit support materials published	7th Nov	3,336
PQS: Support for the valproate audit published	5th Nov	3,031
Supply Notice – Ranitidine all formulations	15th Oct	2,521
Contractor Notice: Loestrin 20 and 30 discontinued	18th Oct	1,947
PQS: Support for meeting the NSAID quality criterion	7th Nov	1,780

PSNC Briefings	Views
054/19: PQS: Flow chart – How to meet the lithium audit quality criterion	2,470
041/19: The Pharmacy Quality Scheme 2019/20	2,361
052/19: PQS: Flow chart – How to meet the valproate quality criterion	1,816
051/19: CPCF Services: Important dates and checklist (v1)	1,459
053/19: PQS: Flow chart – How to meet the NSAID quality criterion	1,158

Webinars/videos	Plays
Future of Pharmacy animation	185
Community Pharmacist Consultation Service (CPCS) webinar	162
Pharmacy Quality Scheme 2019/20 webinar	32

### PSNC Emails

PSNC Newsletter	Nov	Oct	Other health newsletters
Open rate	<b>30%</b>	30%	23%
Click rate	<b>4%</b>	3%	6%
Clicks to opens	<b>12%</b>	11%	20%

LPC News	Nov	Oct
Open rate	<b>33%</b>	34%
Click rate	<b>2%</b>	4%
Clicks to opens	<b>7%</b>	10%

### Social media

	Nov	Oct
<b>Twitter reach</b>	<b>106,800</b>	134,700
<b>Twitter interactions</b>	<b>1,607</b>	2,748
<b>Facebook reach</b>	<b>6,871</b>	11,310
<b>Facebook interactions</b>	<b>619</b>	1,654
<b>LinkedIn reach</b>	<b>6,555</b>	6,600
<b>LinkedIn interactions</b>	<b>303</b>	251

## December 2019: PSNC comms statistics report

### PSNC Website

Audience	Dec 2019	Nov 2019
Number of unique visitors (site entrances)	<b>163,332</b>	238,337
Number of unique pageviews	<b>271,672</b>	424,511



Pages	Views
Price concessions and NCSO	17,001
Pharmacy Quality Scheme	5,280
Community Pharmacist Consultation Service	5,006
Controlled Drug prescription forms and validity	4,560
EPS Prescription Tracker	3,748

News stories	Date	Views
Supply Notice – Ranitidine all formulations updated	27th Nov	3,921
Payment changes to Schedule of Payment	29th Nov	1,354
Contractor Notice: Loestrin 20 and 30 discontinued	18th Oct	1,249
NHS Choices now referred to as the NHS website	21 Aug 18	1,107
Service development job opportunity at PSNC	21st Dec	1,072

PSNC Briefings	Views
057/19: NHS CPCS – Early learnings and tips for contractors	862
041/19: The Pharmacy Quality Scheme 2019/20	854
054/19: PQS: Flow chart – How to meet the lithium audit quality criterion	537
053/19: PQS: Flow chart – How to meet the NSAID quality criterion	411
052/19: PQS: Flow chart – How to meet the valproate quality criterion	397

Webinars/videos	Plays
Future of Pharmacy animation	107
Community Pharmacist Consultation Service (CPCS) webinar	46
Pharmacy Quality Scheme 2019/20 webinar	8

### PSNC Emails

PSNC Newsletter	Dec	Nov	Other health newsletters
Open rate	<b>27%</b>	30%	23%
Click rate	<b>4%</b>	4%	6%
Clicks to opens	<b>13%</b>	12%	20%

LPC News	Dec	Nov
Open rate	<b>37%</b>	33%
Click rate	<b>3%</b>	2%
Clicks to opens	<b>8%</b>	7%

### Social media

	Dec	Nov
Twitter reach	<b>91,100</b>	106,800
Twitter interactions	<b>1,261</b>	1,607
Facebook reach	<b>3,872</b>	6,871
Facebook interactions	<b>363</b>	619
LinkedIn reach	<b>7,134</b>	6,555
LinkedIn interactions	<b>326</b>	303

Subject	Parliamentary Engagement
Date of meeting	February 2020
Committee/Subcommittee	Communications and Public Affairs
Status	Not confidential
Overview	An update on the work to engage with Parliamentarians.
Proposed action(s)	None – for report.
Author(s) of the paper	Jessica Ferguson

## Parliamentary Engagement

### Introduction

Below is a summary of the work being carried out to facilitate engagement with MPs and peers in the new Parliament.

### Activity following the 2019 General Election

The General Election resulted in a Conservative government with a significant majority: a number of key supportive MPs lost their seats or did not stand for re-election, but there are many new MPs who may be interested in pharmacy. Since December the office have mapped new and returning MPs and identified a group who we will aim to engage with and, working with LPCs, encourage to become key advocates.

### Support for LPCs

To help LPCs to engage with all their new and returning local MPs, we have mapped MPs and their constituencies to LPC areas in England. This is a tool to help LPCs identify and contact their local MPs as easily as possible. We have also revised our MP visit guidance to include new messaging for the LPCs to help them to explain more about pharmacy, including some key elements of the five-year deal, to MPs.

### PSNC MP Engagement

The office has been planning a contact programme to engage with both new and returning MPs. For new MPs we are putting together a short briefing pack to offer them an introduction to the pharmacy sector. There are lots of newly elected MPs with an interest in health, some of whom have worked for the NHS previously or for wider healthcare organisations. Some of the new MPs we will be targeting – and who we know to have a health interest – include:

- **Dr Ben Spencer, Conservative MP for Runnymede and Weybridge.** Ben was Vice Chair of membership organisation Conservative Health and he has had previous contact with the NPA.
- **Elliot Colburn, Conservative MP for Carshalton and Wallington.** Elliot worked in public affairs for a local NHS organisation. He has stated a priority to improve local NHS services in his constituency.
- **Dean Russell, Conservative MP for Watford.** Dean is a former district councillor, where he helped create a Health and Wellbeing Partnership. He has also provided strategic advice to the DHSC.
- **Dr Luke Evans, Conservative MP for Bosworth.** Luke has worked as a GP for over ten years.
- **Dr Kieran Mullan, Conservative MP for Crewe and Nantwich.** Kieran trained as a doctor in A&E and has also worked for the Patients Association.
- **Feryal Clark, Labour MP for Enfield North.** Feryal is an ex-Councillor and had a health portfolio.
- **Munira Wilson, Liberal Democrat MP for Twickenham.** Munira has worked in public affairs for a variety of healthcare organisations. She is also the Liberal Democrat spokesperson for health.

We are also developing updated messaging for returning supportive MPs, explaining the changes introduced by the five-year deal, and what more we want for the sector. There are still a number of MPs who have returned to Parliament that are supportive of pharmacy, including:

- Steve Brine, Conservative MP for Winchester
- Chris Green, Conservative MP for Bolton West
- Holly Lynch, Labour MP for Halifax
- Steve Double, Conservative MP for St Austell and Newquay
- Julian Sturdy, Conservative MP for York Outer
- Bridget Phillipson, Labour MP for Houghton and Sunderland South
- Alex Chalk, Conservative MP for Cheltenham
- Bim Afolami, Conservative MP for Hitchin and Harpenden

- Vicky Ford, Conservative MP for Chelmsford

As well as MPs with an interest in pharmacy or health, we want to start to engage with MPs who may be able to influence Treasury. For these MPs, messages will be focused on the value of the sector and the economic evidence that we have for pharmacy services. Some potential targets will include new members of the Public Accounts Committee (PAC), and MPs such as:

- **Meg Hillier, Labour Co-op MP for Hackney South and Shoreditch**, and former Chair of the PAC
- **Kevin Hollinrake, Conservative MP for Thirsk and Malton**, and a supporter of small businesses with an interest in Treasury (he formerly sat on the Treasury Committee)
- **Rishi Sunak, Conservative MP for Richmond (Yorkshire)**, who is currently a junior Treasury minister and had family who worked in the pharmacy sector
- **Claire Coutinho, Conservative MP for East Surrey**, who prior to entering Parliament in 2019 was a special adviser to the Treasury team.

We will also be seeking to build on the contact we had had with the Minister, Jo Churchill MP, and to build a relationship with the Secretary of State, both directly and through his Special Advisors.

Now that the MPs have set up their offices and returned to Westminster, we will be sending initial emails to the individuals listed above offering them information and briefings. They will also be invited to join the APPG and to attend the Parliamentary reception before Easter.

### **Health and Social Care Select Committee**

Prior to general elections, select committees are dissolved and are then reappointed in the new Parliament. It has been confirmed that the chair of the Health Select Committee will be a Conservative MP and the House will be voting to appoint the next chair at the end of January. Jeremy Hunt (MP for South West Surrey and former Health Secretary) and Anne Marie Morris (MP for Newton Abbot and previous Health Select Committee member) have both been confirmed as candidates.

Once the chair has been elected, the parties will put forward names of MPs to make up the rest of the Select Committee. But we know with certainty that some previous members will not be returning, as former chair Dr Sarah Wollaston, Luciana Berger and Dr Paul Williams all lost their seats in the election.

Engaging with select committees can be useful, as they often investigate government legislation, programmes and question how successfully they are achieving their objectives. PSNC has submitted evidence to Health Select Committee inquiries in the past and had a valuable meeting with its previous chair, Dr Sarah Wollaston. Once a new chair and members have been appointed, we will seek to engage to ensure that the new Select Committee is well-briefed about pharmacy policy and has a good understanding of the value of the sector.

### **All-Party Pharmacy Group**

Now that the election is over, work to reconstitute the APPG is ongoing. Lexington are currently recruiting a new chair and officers to the APPG and the group has so far gained four new officers:

- **Taiwo Owatemi, Labour MP for Coventry North West**. Before entering Parliament at the 2019 election, Taiwo was working as a hospital pharmacist. She is also a member of the PDA.
- **Sir David Amess, Conservative MP for Southend West**. David has been an MP for over 30 years and previously served on the Health Select Committee for around 10 years. He has frequently championed community pharmacy in Parliament and often visits local pharmacies within his constituency. Since joining the APPG, David has submitted a parliamentary question on community pharmacy, which will be answered by the DHSC ministerial team during Health Questions on Tuesday 28th January.

- **Jason McCartney, Conservative MP for Colne Valley.** Jason was the MP for Colne Valley from 2010-17 before being re-elected in December 2019. He was the only Conservative MP to vote against the Government's pharmacy funding cuts in 2016 and has previously attended evidence sessions organised by the Pharmacy APPG.
- **Paul Bristow, Conservative MP for Peterborough.** Paul was managing director of his own consultancy, of which many clients were healthcare organisations. He also has an interest in digital health.

It has been a challenge to reach many MPs in the early weeks of 2020, particularly those newly elected to Parliament, as they are still setting up their offices and recruiting staff, but Lexington have been working hard to reconstitute the group. A few more responses are yet to come but it is likely a chair of the APPG will be appointed in the coming weeks.

The office will try to arrange introductory meetings with all of the new APPG officers.

### **APPG Workplan**

Alongside the recruitment drive, Lexington are continuing to develop the APPG workplan for 2019/20. The first event will be a reception in Parliament, currently titled: "Celebrating pharmacy in the UK". This will be a large open reception in Parliament, and the aim is to build greater awareness of the pharmacy sector among MPs and increase support for the APPG. The full event brief, logistics and agenda will be confirmed once a Chair is in place, but the event is currently set to be held before Easter.

The remaining elements of the 2019/20 workplan remain the same until we have input from the new Chair of the group: an inquiry into digital technology in pharmacy will be held after Easter, as well as an additional meeting, either on the Community Pharmacist Consultation Service (CPCS) or the role of the pharmacy sector in Primary Care Networks (PCNs) between Easter and summer recess.

### **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.

Subject	Wider Public Affairs
Date of meeting	February 2020
Committee/Subcommittee	Communications and Public Affairs
Status	Not confidential
Overview	An update on wider public affairs work with charities and third sector organisations.
Proposed action(s)	None – for report.
Author(s) of the paper	Jessica Ferguson and Zoe Long

## Introduction

Below is a round-up of stakeholder engagement undertaken by the PSNC Communications and Public Affairs Team since the last PSNC meeting.

## Party Conference Events

The outstanding work from the party conference events held last year is progressing. PSNC, along with the NPA, CCA and AIM, co-hosted two roundtable dinner events at the Labour and Conservative conferences in September, and a policy paper of recommendations from the events is currently being circulated among the guests ahead of publication. The paper focusses on the role that pharmacies could play in prevention, so it is in line with the Secretary of State's ambitions for the NHS and will be shared with key pharmacy supporters including MPs and policy makers. To support the policy paper, we will produce a one-page infographic on the recommendations and make this available for LPCs and contractors to use in their public affairs work locally, which could be aimed at MPs, Primary Care Networks or both.

We are also considering ideas for how we want to approach the party conferences this year in autumn 2020. Given the size of the Conservative majority and the number of new MPs that have entered Parliament, the conference would be a useful opportunity to try and engage with Conservative MPs. We are also considering ideas for engaging with MPs and wider stakeholders at the Labour Party Conference.

## RCGP Conference and GPs

PSNC has been offered a free exhibition stand at the RCGP Conference in Glasgow later this year (following our complaint about the administrative hurdles involved in the 2019 conference) and we are considering ideas for our exhibition stand. It is likely we will want to use the conference to showcase a GP animation (currently being developed), and it could also be a good opportunity to talk about the Community Pharmacist Consultation Service and referrals from GP practices, and to carry out a small survey to test GP views about community pharmacy.

The office has had some positive engagement with the BMA following the announcement of the five-year deal but unfortunately now they are in negotiations the policy team have paused engagement with us. We have not been able to get their support for a GP animation (for which we had drafted a script and concept) but plan to pick this up with them as soon as they are willing to meet with us again.

## Other partnership working

PSNC had a catch-up meeting with Pfizer to discuss opportunities to take forward some joint work in 2020 and this has led to a brainstorming session with their team in late January. The team can give a verbal update on this at the subcommittee, but we expect that Pfizer will want to focus on supporting communications to pharmacies to help them to engage with the five-year Community Pharmacy Contractual Framework (CPCF) and to make the changes needed to develop more capacity within the sector.

We also met with Merck Sharp & Dohme (MSD) in November for an introductory meeting with their Pharmacy Strategy team. Another meeting has been scheduled for February where we will be discussing potential areas for collaboration.

Following the announcement of the five-year deal we have also briefed a number of charities about the changes to pharmacy services. These include Diabetes UK, the British Lung Foundation and Versus Arthritis. We are continuing to engage with these charities and expect there to be opportunities for joint communications with some of them this year.

## 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.