

Pharmaceutical Services Negotiating Committee
LPC and Contractor Support Subcommittee Minutes
Wednesday 4th September 2019
14 Hosier Lane, London, EC1A 9LQ

Members of LCS present: Sam Fisher (Chair), Alice Hare, Fin McCaul, Lucy Morton-Channon, Indrajit Patel, Jay Patel, Umesh Patel and Sian Retallick.

In Attendance: Rosie Taylor, Alastair Buxton, Gordon Hockey (part), Luvjit Kandula, Stephen Thomas, Helen Pinney, Simon Dukes, Marc Donovan

Apologies: No apologies were received.

Conflicts of interest/minutes: No conflicts of interest were declared. The minutes of the last meeting (Appendix LCS 01/05/2019) in May 2019 were approved.

There were no matters arising.

The Chair agreed with the committee that agenda Items 6 (Provider Companies) and Items 13 (Expenses Policy Update) and 14 (HMRC Non-statutory clearance) will be covered first to enable Gordon to join the concurrent sub-committee.

Item 1 Provider Companies

- 1.1 An update was provided on the revised Model Provider Company Articles which are now completed. It was noted that accountability for the Provider Company is shifting towards the LPC Scrutiny and Oversight committee.
- 1.2 Consultation with CCA companies, AIM and other stakeholders has taken place to ensure agreement on the approach.
- 1.3 Guidance on Rules and operational issues to be developed in the future.
- 1.4 Mapping of current provider companies across England was discussed.
- 1.5 An overview of the agenda for the Provider Company event was discussed. There have been 22 delegates that have registered so far.

Comments and observations included:

- a) GH commented that successful provider companies are those which have tendered for and commissioned services. However, if the LPC could maintain the current commissioning arrangement with the commissioner undertaking the administrative burden rather than the Provider Company then this remained optimal.
- b) IP commented that it would be useful to have examples of successful tendering activity in LPCs highlighted at the event.

- c) ST raised the question if LCS would be discussing other options other than provider companies as a vehicle for commissioning.
- d) Following the transition of some Healthcare Together activity to the NPA it was noted that there wasn't clarity on what activity was still being undertaken
- e) GH responded that PSNC would be encouraging facilitating set-up of a Provider Company as per the revised model to ensure a vehicle could be mobilised if required. Other options may include joining an existing provider company but may not be attractive if the company is in debt.

Action 1: GH to contact NPA to understand current activity in relation to provider companies and extend invite to the Provider Company Event

Action 2: GH to add examples of successful tendering activity by Provider Companies to the Provider Company Event agenda.

Action 3: LK to send attendance list to PSNC regional representatives to encourage attendance at the event.

Item 2 HMRC Guidance and Expenses Policy Update

2.1 GH provided an update on HRMC guidance provided. The conclusion being that a company employed LPC member would not need to be paid by the LPC via PAYE as long as the payment for attendance was paid to the company and not the employee of the company. However, it was accepted that the format of the advice was not easily understood and that guidance on the practical implementation would be helpful and could accompany an update of the current PSNC template expense policy.

2.2 Issues which require consideration include guidance on long distance travel, claims from home/workplace, self-employed vs employed day-rate payments, honoraria, attendance at evening meetings, payments for Pharmacists vs Non-Pharmacist day rates and a re-iteration of the previous messaging about the employed status of Chief Officers.

2.3 It was highlighted that the Treasurers Gaggle group could be engaged to provide feedback on the policy update.

Action 4: GH/LK and Finance Team to review and update the template Expenses Policy and develop associated guidance, engaging the LPC Treasurers through their Gaggle group.

Item 3 LPC Dashboard

3.1 LK provided an updated on the LPC dashboard progress. The current dashboard is being amended in line with feedback from interim calls with LCS members, Finance team and LPC Chief Officers to ensure it is simplified and reduces administrative burden on LPCs.

3.2 It was agreed that the next iteration of the dashboard would be sent to the LCS for review as soon as the new datasets and amends are completed. Subsequently would be reviewed by LPC Chief Officers for final comments and amends.

- 3.3 LK updated that the online form for collection of data from LPCs has been drafted.
- 3.4 The current data available to be included for development is for year ending March 2018 as 18/19 accounts are currently being approved.
- 3.5 AB/RT commented that historic QPS data is available and can be integrated into the current dashboard. The datasets for Flu and PQS will be published at the end of the scheme which can be included as/when available.
- 3.6 It was agreed that the dashboard would not be launched at the LPC Conference due to requirement for further review and then decide on the launch date considering current pressures faced by LPCs in terms of workload relating to CPCS implementation.

Action 5: LK to explore using the dataset based on accounts for 2019/20 for inclusion in the dashboard so that it is based on current and up-to date financial data, and the inclusion of QPS and CPCS data in the dashboard subject to availability from NHSE.

Action 6: RT to send LK the last QPS data.

Item 4 - Primary Care Networks

- 4.1 LK provided an outline of current challenges, barriers, summary of support provided to date, and future development work including MoU, Person Specification and template meeting form to support the PCN PQS element.
- 4.2 A summary of the LPC integration survey data has been provided in the LCS paper. Further analysis will take place to identify LPC support needs.
- 4.3 AB provided an update on the PQS criteria relating to PCN engagement. Contractors must demonstrate engagement with Primary Care Networks through a collaborative approach agreed by the Community Pharmacy Network via a named Primary Care Network lead in the PCN area. The lead must demonstrate evidence of having made initial contact with the Clinical Director through post, email or meeting arrangement to meet the PQS criteria. Contractors will need to name the appointed PCN lead to claim PQS points and achieve the criteria.
- 4.4 An update was provided on the Network agreement for Primary Care Networks. This guidance will be released in 2020/21 and include an annex which allows Primary Care Networks to add collaborative partners which may include Community Pharmacy and other Health and Social Care Providers. NHSE will be discuss this further next year to mandate collaborative working with other health and social care providers.

Comments and observations included:

- a) Concerns regarding multiple applicants for the PCN lead role were discussed and how the LPC could facilitate.
- b) Concerns regarding the recruitment, management and oversight of PCN leads and networks were discussed.
- c) FMC provided an update on current PCN engagement work in Bury, Greater Manchester.

- d) LK provided an update on the PCN mapping exercise with NHSE/SW CSU led by Michael Lennox. An update was provided on the pilot and test phase with a view to provide PCN mapping data for England (date TBC) but LK highlighted the importance of continuing current mapping work within LPCs due to the time constraints. The discovery tool survey reported that 77% LPCs having mapped 10-12 Pharmacies aligned to PCN boundaries in line with NHSE guidance.
- e) The committee agreed that clear guidance and briefing documents to support PCN engagement to meet the PQS criteria is required. In addition to the DT wording the NHSE guidance will be essential to finalise the briefing material.
- f) SF/FMc suggested that an online collaboration platform to LPCs to use for contractor / PCN lead communication would be helpful and valued by LPCs bringing consistency. ST flagged that there would need to be consideration of CCA company IT restrictions.
- g) It has been recognised that many LPCs may have already developed solutions, and PSNC considerations need to ensure no duplication and ensure it is simple enough to deliver within the short timelines required.

Action 7: Briefing materials and template resources for LPCs and contractors will be required to support the PQS PCN element.

Action 8: Identify and review options for PSNC supporting a communication platform for PCN activity.

Item 5 – LPC conference

5.5 SR requested that we replicate the assigned seating as per the las LPC event as it facilitated networking with colleagues across the LPC network

5.6 The agenda now includes speakers from the new secretariat for the APPG, Lexington, as the Pharmacy Minister has given early apologies.

Action 9: Agreement to ensure assigned seating at the LPC Conference

Item 6 – PQS Update

6.1 RT provided an update on PQS criteria and further detail based on current information agreed with NHSE

6.2 NHSE aspiration payment claim window opens on 30th September.

6.3 There have been some changes in drug tariff wording in relation to the closure time which is now 11.59 PM in line with previous guidance.

6.4 DSPs will not have full website profiles and will need to email NHSBSA with the required information.

6.5 Gateway criteria relating to the NHS Choices profile and DOS update will need to declare between the 1st October and 30th November.

6.6 It was noted that this process is only required to be completed once and takes a few moments to complete to ease administrative burden.

6.7 LPCs will be provided data to support compliance with the gateway criteria.

6.8 Resources and FAQs to support contractors with Flu, PQS and CPCS are currently in development and will be issued on a rotational basis.

6.9 The Chair thanked the services team for their excellent work in producing high quality resources to support the QPS scheme.

Comments and observations included:

- a) FMc commented on the risks relating to contractors not meeting the NHS Choices / DoS gateway criteria due to competing priorities and pressures.
- b) SD commented that there is recognition of current pressures and identified the need to review LPC support and how to use collective resources in the best possible way to support the implementation.

Action 10: SR identified a calendar of activity maybe a useful tool for contractors to plan activity. RT to consider this alongside current resources.

Item 7 – Flu Vaccination Service

7.1 RT updated on activity to support Flu Service launch to date and highlighted useful vaccination decision tree that has been developed.

Actions

None.

Item 8 – CPCS

8.1 AB provided an update on CPCS developments and provided an update on resources including the draft specification and supporting communications.

8.2 AB commented that he would like to communicate the requirements and training to locums to ensure engagement and support across the network.

8.3 8,117 people applied to register via MYS to date.

8.4 AB requested that LCS to provide any further steer on implementation support requirements

Action 11: AB to send a follow up email to the LCS Committee to collect locum agency information to support communication to this population.

AOB

None