

Pharmaceutical Services Negotiating Committee
Communications and Public Affairs (CPA) Subcommittee Agenda
Monday 7th September 2020 at 12 noon
Meeting to be held remotely via Zoom

Members: David Broome, Tricia Kennerley (Chair), Clare Kerr, Sunil Kochhar, 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. Autumn/Winter External Communications Plans **Appendix 02/09/2020**
6. Public Affairs Plans **Appendix 03/09/2020**
7. PSNC Policy Asks **Appendix 04/09/2020**
8. PSNC Website Upgrade **Appendix 05/09/2020**

Report

9. Pharmacy Communications **Appendix 06/09/2020**
10. Parliamentary Engagement and Public Affairs **Appendix 07/09/2020**
11. Any other business

Subject	Autumn/Winter External Communications Plans
Date of meeting	September 2020
Committee/Subcommittee	Communications and Public Affairs
Status	Not confidential
Overview	Considering external communications messaging and actions for the autumn/winter period.
Proposed action(s)	Review and feedback on the plans and messages.
Author(s) of the paper	Zoe Long, Melinda Mabbutt and Jessica Ferguson

Autumn/Winter External Communications Plans

Introduction

Following on from the subcommittee’s consideration of key external communications objectives and risks for the next few months, the Communications Team have developed a plan of action for external communications and public affairs work. This paper sets out our proposed messaging grid, thoughts on tactics, and an expected timeline to show how we will take things forward.

Messaging Grid

Topic	Key messages
Flu vaccinations (October)	<ul style="list-style-type: none"> • Community pharmacies are an important part of the NHS flu vaccination programme. • Flu vaccination services in pharmacies have been rated highly in the past, with many patients saying they would recommend the pharmacy service to others. • Pharmacies can vaccinate you safely, at a convenient location near to your home. • The NHS says it is more important than ever to have your flu vaccination this year, so contact your local community pharmacy for details now. • Pharmacy flu vaccination services may look a little different this year to keep patients and pharmacy staff safe – it is best to contact your pharmacy first as you may need to book an appointment and you are likely to be asked to wear a face covering when you go in. • You may also find that your pharmacy is having to reduce other services while they focus on getting local communities vaccinated against flu. • Early in the flu season, priority is being given to people in high-risk groups such as those with certain medical conditions or aged 65 years or over: this is an NHS decision. • People aged 50-64 will be eligible for an NHS flu vaccination later in the season – if you are in this group and would like to be vaccinated now, speak to your local pharmacy about the possibility of having the vaccination privately. • The Government has purchased additional stocks of flu vaccinations to make sure that everyone who needs to be vaccinated, can be. • Community pharmacies and GP practices will need to work together to vaccinate as many eligible people as possible this year.

<p>Community pharmacies in the COVID-19 pandemic (October)</p>	<ul style="list-style-type: none"> • Community pharmacies are supporting the UK's COVID-19 response as an important part of the NHS family. • Community pharmacies are the most accessible healthcare providers – they offer healthcare advice and NHS services on the high street, on a walk-in basis. • Community pharmacies have provided a critical service during the pandemic, ensuring patients had access to the medicines and healthcare advice that they needed. • Pharmacy teams are working hard to maintain the health services you need, despite some staff becoming ill or needing to self-isolate. • Community pharmacies have had to make some changes to make them COVID-safe for their staff and everyone visiting them. • Please respect pharmacy staff and help keep them and others safe by following any safety measures they have put in place – this includes keeping your distance from other people in the pharmacy and wearing a face covering if you can. • During the pandemic there has been high demand for pharmacy services and advice – please be patient if it takes a bit longer for prescriptions to be dispensed or to speak to a pharmacist. • Some pharmacies may need to make further changes where local outbreaks of COVID-19 occur – please check opening hours before you visit.
<p>The value of community pharmacies: advice and healthy living support in pharmacies (November)</p>	<ul style="list-style-type: none"> • Community pharmacies are the most accessible healthcare providers – they offer healthcare advice and NHS services on the high street, on a walk-in basis. • Community pharmacists are experts in medicines – they can help you to understand and get the most benefit out of your prescribed medicines. • Community pharmacies ensure that millions of patients receive the prescription medicines that they need, safely and efficiently. • Community pharmacists are highly trained healthcare professionals who can advise on a range of common illnesses or help you decide what other NHS services you might need to access. • Almost all of your local community pharmacies are Healthy Living Pharmacies – their staff are specially trained to advise you on a range of health and wellbeing topics.

	<ul style="list-style-type: none"> • During an average week across all community pharmacies in England, over 600,000 consultations are carried out to respond to patients' symptoms. • During an average week nearly 185,000 consultations are carried out where pharmacies in England give patients additional support for a known medical condition. • Without readily available community pharmacy advice, patients could need approximately 492,000 additional GP appointments, or 65 appointments in each GP practice each week. • Community pharmacies are often located in deprived areas and they may see people who do not visit other healthcare settings. • This means community pharmacies are ideally placed to help to reduce health inequalities.
<p>Pharmacy funding (including pressures and closures due to COVID-19) (September/October)</p>	<ul style="list-style-type: none"> • Although community pharmacies are businesses, they earn the vast majority of their income from the NHS. • They are paid according to a Contractual Framework – at the moment this is effectively a five-year arrangement which gives pharmacies flat funding until 2024. • This followed funding cuts in previous years. • Combined with inflation and other increasing costs, this means that pharmacies are already underfunded and that their financial situation will worsen further by 2024. • Pharmacies have taken on significantly higher costs during the COVID-19 pandemic to cover their staffing costs and all the safety measures needed to keep people safe. • The sector has so far only received loans (not new money) to help with cashflow. • Many pharmacy owners are now using their own money to make vital changes to how they work, and some are having to reduce services or staff levels to cut down on costs. • Some are having to make even more difficult decisions, including merging or even closing down some pharmacies. • Closures due to the financial pressures from COVID-19 are a real risk to this vital network of community healthcare centres.
<p>The potential of community pharmacy (December)</p>	<ul style="list-style-type: none"> • Although community pharmacies can now provide a wider range of clinical and public health services, the

	<p>clinical expertise of pharmacists is still an under-utilised resource.</p> <ul style="list-style-type: none"> • Community pharmacies could do more to help take the pressure off other NHS services by providing a wider range of clinical services closer to patients’ homes. • Local variation in pharmacy services can cause confusion for the public, but we can learn from the successes to help implement new national pharmacy services. • We would like to see national commissioning of a range of healthcare services from community pharmacies, including vaccinations, testing and public health services. <p>See five-year deal infographic for further messages on the vision for pharmacy.</p>
<p>Medicine supply (including the Brexit and pandemic related impact) (December) <i>Note: these are all in draft form as they are dependent on the situation nearer the time</i></p>	<ul style="list-style-type: none"> • Community pharmacy teams are working hard to make sure that all patients continue to have access to the medicines they need, when they need them. • In general, medicines supply routes via pharmacies work extremely well, ensuring that millions of patients in the UK receive the prescription medicines they need, safely and efficiently. • Medicine supply issues are not a new phenomenon and the Department of Health and Social Care (DHSC), along with pharmacies, have well-established procedures to deal with them. • HM Government is working with medicines manufacturers and suppliers to put contingency plans in place for the end of the transition period – this is a multi-layered approach including creating stockpiles and looking at alternative routes to bring medicines into the country. • Patients are asked to only order the medicines they need so that everyone can continue get what they need. • If there is a delay in getting access to your medicine, please be assured that your local community pharmacy will be doing all that they can to help you working to solve problems that are out of their control. • National pharmacy organisations are in regular contact with DHSC to help monitor the situation and resolve any issues when they occur.
<p>Removal of services for shielding patients and of services that are not funded through the CPCF (live issue)</p>	<ul style="list-style-type: none"> • Medicines deliveries for shielding patients stopped when the Government’s shielding support package ended. • Community pharmacies no longer receive any financial support from Government to help them to continue

	<p>delivering medicines to patients' homes – there is no NHS-funded medicines delivery service.</p> <ul style="list-style-type: none"> • The NHS also does not routinely pay community pharmacies to offer services such as checking patients' blood pressure, or ordering repeat prescriptions. • It is reasonable for pharmacies to ask patients to cover the costs of non-NHS services themselves, or to refer them back to their general practice. • Funding cuts in previous years mean that many pharmacies are struggling financially – to ensure that they can stay open and keep serving their local communities they have had to cut back on free services such as delivery. • Pharmacy teams can help patients to make other arrangements – for example, by giving medicines to a patient's relative or helping source a local volunteer to collect medicines. • However, pharmacy medicines deliveries will be made available in local outbreak areas where clinically vulnerable patients have been advised to shield.
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We will develop a further set of proactive messages when the Discharge Medicines Service (DMS) launches in early 2021.

Tactics

Now that we have the messaging drafted we are talking to the communications teams on the other pharmacy organisations to see if they will be able to support any of these messages and to identify areas for potential joint communications work. When finalised, we also plan to share the grid with LPCs who may find it useful to inform their local communications work.

The messages are going to be used to:

- Prepare a library of digital and media resources for us and LPCs to use – we have approached three design agencies and will work with one of them on this, with the aim of producing new resources (eg social media images or newsletter content) on a monthly basis.
- Draft template press releases suitable for local media use by LPCs, as well as guidance for LPCs on how they can support the national messages over the coming months (this will also be supported by the agency).
- Produce at least one animation which will support this work (two animations have already been budgeted for). The subcommittee is asked for thoughts on priorities.
- Prepare a library of briefings for MPs and charities/other supporters with priorities being pharmacy's role in the pandemic, flu vaccinations, and the need for further support for the sector.
- Develop a timeline for MP engagement to include a possible series of regional Zoom winter pressures briefings through the autumn, supported by the briefings library. This may include inviting MPs to have flu vaccinations in pharmacy and tie in with the work of the APPG.

- Consider launching a more regular update email for MPs – this could be sent out monthly to key contacts.
- Develop a timeline for delivery of the proactive messages and national press work (subject to change, and recognising that much of the media work may end up being reactive). This is copied below.
- Use PSNC’s commissioner emails to help ensure key messages are reaching local commissioners and stakeholders.

Likely Timeline for Activities

August/September

- PSNC to draft key messaging grid (complete)
- Pharmacy organisations agree areas of overlap and key messaging (in progress)
- Communicate with LPCs about timeline for autumn/winter activity (done via the RAT)

September

- Appoint design agency and plan first wave of social media resources
- Draft library of briefings for MPs
- Work to engage with new MPs on community pharmacy
- Focus on pharmacy’s role in COVID-19: this may include messaging on pharmacy advice (covering the Advice Audit results)
- Focus on pharmacy pressures and funding
- Agree plan for PSNC animation

October

- First and second waves of social media resources published for LPCs
- Work on PSNC animation
- Continue COVID-19 and funding work
- Focus on flu: Parliamentary activity to encourage MPs to be vaccinated in pharmacies plus national media work to promote pharmacy’s role to patients
- Begin regional MP briefings programme on winter pressures

November

- Brexit work likely to begin
- Second wave of flu communications expected as HMG stocks released
- MP briefing programme on winter pressures continues

Subcommittee Action

The subcommittee are asked:

- To consider the messaging grid: are these messages right, and have we missed any important messages?
- Whether there are any priority topics for animations?
- For any further ideas on tactics to disseminate the key messages to wider audiences.
 - For any further feedback on the proposed tactics and timeline of activity.

Subject	Public Affairs Plans
Date of meeting	September 2020
Committee/Subcommittee	Communications and Public Affairs
Status	Not confidential
Overview	A plan for a series of roundtable events to engage with external stakeholders on pharmacy and COVID-19
Proposed action(s)	Comment on these planned events.
Author(s) of the paper	Jessica Ferguson

Public Affairs Plans

Introduction

Alongside our Parliamentary engagement plans (set out in [Appendix 10](#)) we have been considering the need to re-establish our connections with patient representatives and other charity groups. At last year's party conferences we met with a wide range of charities and patient organisations to discuss prevention in community pharmacy. Collectively, we produced a policy paper of recommendations based on the discussions with the 30+ attendees. We were also in ongoing dialogue with some key stakeholders about the five-year CPCF and what that meant for pharmacies and their patients.

We had intended to continue with this work in 2020, and possibly to revisit the prevention topic in the autumn, but amidst the COVID-19 pandemic the landscape has shifted significantly. We believe it is still important to re-engage with key stakeholders who might be able to support community pharmacy in public forums: this can help to get messages to the public, as well as demonstrating support for the sector to MPs and NHS officials. This paper sets out our plan to do this.

Briefing External Stakeholders

Using some of the messaging outlined in the grid in [Appendix 2](#) we plan to produce a library of resources and then to communicate with a range of patient representatives and charities to update them on community pharmacy. Our key actions include:

- Identifying our list of key stakeholders (eg Patients Association, Diabetes UK, Asthma UK, etc) – we will do this in collaboration with the other pharmacy organisations to ensure that we are not duplicating effort talking to the same people
- Creating a new infographic on community pharmacy (looking at its role during COVID-19)
- Preparing briefings on key community pharmacy topics (eg what patients can expect from pharmacies this winter and the Pharmacy Advice Audit)
- Setting up a series of teleconferences to share these resources and look for possible areas of collaboration with the key stakeholders

Digital Roundtable Events

Given how well the roundtable formats worked last year we are keen to see if we can replicate this in a digital format. To keep the discussions focused, we plan to split audiences and host two separate digital events this year: one focused on stakeholders from the GP sector and wider primary care; and another for key patient organisations and condition-specific charities. We would also invite a small number of Parliamentarians to each event.

The key objectives for the two events are:

- To re-engage with a wide group of stakeholders and to update them on community pharmacy
- To try to build more advocates for the sector
- To build relationships with groups with whom we might be able to collaborate eg to help us to get key messages to patients or to support our policy asks
- To hear external views about community pharmacy and, for the primary care event, to explore ways to improve collaborative working between pharmacies and other healthcare professionals

The events will likely have a focus on community pharmacy in the pandemic, and our initial ideas for discussion topics are:

Public health during the pandemic: The recent abolition of PHE risks public health services being sidelined at a time when they are needed most, so the virtual events may be an opportunity for us to engage with key stakeholders to establish where pharmacy can help and how we can collaborate with others on this.

Pharmacy and GPs: We need to do more to integrate the sector with General Practice (including but not limited to getting shared access to records). An event with GP representatives on pharmacy and the pandemic could explore integration in more detail, as well as opportunities for future collaboration, particularly around the possible extension of the GP CPCS.

As the events will be held virtually, there will be no cost (beyond staff time) attached to hosting these. We are already discussing the proposals with the other pharmacy organisations to see if they would like to collaborate on the events.

Subcommittee Action

The subcommittee is asked to:

- Consider who our key stakeholders should include at this time
- Share any views on key messaging for patient representatives and charities
- Give feedback on the plans for the roundtable events – are these the right audiences and areas for discussion? What other objectives do you have for the events?

Subject	PSNC Policy Asks
Date of meeting	September 2020
Committee/Subcommittee	Communications and Public Affairs
Status	Not confidential
Overview	PSNC's policy asks
Proposed action(s)	The subcommittee is asked to sense-check the policy asks and to consider whether we have any additional objectives to add to these.
Author(s) of the paper	Zoe Long

PSNC Policy Asks

PSNC's current policy asks, as reviewed by the subcommittee in May, are copied below. The prioritised asks are in red.

Community pharmacy needs additional funding to cover the costs of COVID-19 and to maintain current service levels through the winter period. In particular, we are asking for:

- Provision of additional monies (over and above the global sum) to protect pharmacies, recognising the additional costs brought about by COVID-19 and their unknown duration.
- Fair and transparent long-term funding to give NHS community pharmacy contractors certainty about the future.
- A commitment from the NHS and HM Government to support and safeguard the network of 11,500 community pharmacies with fair funding as well as effective decision-making allowing for a flexibility for pharmacies through any further COVID-19 peaks.

Pharmacies are playing a critical role in the NHS response to the COVID-19 pandemic, improving local resilience. PSNC would like to see this role supported with developments to include:

- Clarity from HM Government about the role it wants the network of 11,500 pharmacies to play after the pandemic and in any future crises.
- Access to priority COVID-19 testing for pharmacists and their teams and to sufficient supplies of Personal Protective Equipment (PPE) to protect frontline staff. This is particularly important for the flu vaccination effort which pharmacies must be at the heart of.
- Commissioning of services that allow community pharmacies to act as centres for COVID-19 vaccinations and antibody testing.
- Amendment of service consent models to remove paper forms and amendment of regulations to remove the need for patients to sign prescription forms during the pandemic.
- Removal of the NHS Prescription Charge for the duration of the pandemic, recognising the administrative burden it places on pharmacies to collect.

As the NHS comes under increasing pressure, community pharmacies continue to play a vital role in the provision of primary care. To support this we would like to see:

- National commissioning of a range of healthcare services from community pharmacies.
- Community pharmacies to be included in IT systems that fully integrate local health and care records where appropriate permissions are given, including patient consent.
- Changes to allow community pharmacists to generically substitute clinically appropriate medicines where this could reduce NHS costs, and 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.
- Changes which are fair to all parts of the sector and which allow contractors to free up capacity in the dispensing process.

Subcommittee Action

The subcommittee is asked to consider the suitability of the policy asks and whether any other objectives now need to be added to these.

Subject	PSNC Website Upgrade
Date of meeting	September 2020
Committee/Subcommittee	Communications and Public Affairs
Status	Not confidential
Overview	Summary of progress on website upgrade.
Proposed action(s)	Discuss options and consider next steps
Author(s) of the paper	Zoe Long and Melinda Mabbutt

PSNC Website Upgrade

Introduction

This paper sets out progress made on a website upgrade to improve accessibility and resilience, as well as to provide a fit-for-purpose website for any rebranded organisation in line with the recommendations of the independent review into contractor support and representation.

Principles and specifications

Following feedback from the last subcommittee meeting on the initial scoping exercise, Melinda Mabbutt has now compiled a more comprehensive set of principles and specifications that any new PSNC website should adhere to.

Principles

- The website must be easy to navigate so that users can easily find the information they need.
- A key improvement on the current website must be the search functionality.
- The website should have a more mobile friendly design.
- Open access in the main, but with the ability to have a logged-in section for some (c.1,000 LPC subscribers currently but may wish to expand to different subscriber categories).
- Incorporating simple and logical ways to present significant amounts of information.
- Providing self-sufficiency in the day-to-day running, with as much control over later branding changes as possible.
- Reflective of user needs – a draft user survey is included below.
- Easy to use templates, with key features of the PSNC site and different design options available to choose from, for any LPCs who wish to take the offer up. Should be able to utilise custom URLs that they have purchased separately.

Specifications

Basic Technical Requirements:

- Meets necessary legal obligations and is HTTPS secure.
- Capacity to handle large visitor numbers (site currently averages c.10,000 unique site visits a day but has spiked at 35,000 in the past).
- Multiple levels of editing rights for site administration.

Site-wide Features:

- Integrated search function prioritising newer and most relevant content.
- Simple navigational system that allows creation of shortlink redirects (e.g. psnc.org.uk/nms).
- Version control
 - Content management system allowing a change to be made in one place and then be replicated across the site.
 - Automated archiving to demote older news stories whilst retaining a record.

Site Structure:

- Attractive, regularly changing homepage so topical news/guidance can be promoted. The homepage may be more like a news website than that of a trade association.
- Clear webpage structure for large volume of content (site currently has c.1,500 pages).
- Prominent news function, including categorisation and usage of RSS feeds (c.600 news stories published a year).

Special Features Required:

- Listings of events in chronological order (c.30 events run a year).
- Reporting forms with varying fields and functions (i.e. free-type, multiple choice, question logic), data downloads and email notifications on completion (c.10 forms currently active). Must be mobile friendly and would ideally allow for auto-completion of some fields.
- Database of our briefings/guidance documents, including categorisation and its own RSS feed (c.70 briefings published a year). Must be searchable.
- Database of local services with categorisation, linked documents and some fields only visible to logged-in members (currently with c.1,200 service entries). Must be searchable.
- Blog posts, including its own separate index and categorisation.
- Regularly changing databases updated by CSV file uploads.

Possible Extras:

- Subscriber mapping – linking the website subscriber details with an internal members database and mailing list (currently Mailchimp) to assist with more accurate record-keeping.
- Automated promotion of news stories – mapping news straight into newsletter templates and/or social media posts for a more streamlined push-out of content.
- Facilities to run polls and surveys on the website.
- Potential for user-generated content eg message boards etc, on certain topics.
- Potential for better promotion of digital content eg animations and video blogs.

Researching website developers

The PSNC Communications Team has now met with some recommended website developers to discuss their offerings and try to determine whether they might be a good fit for this project. The following developers described three different ways to approach the rebuild; below is a summary of what each of them would provide.

WJP Software Ltd

This company offers a website content platform they have designed themselves and they have a range of clients including NHS, local government and volunteer organisations. It started life as a document management system so has a keen focus on version control. The administration area is not dissimilar to our current platform (Wordpress) and they can create bespoke plugins for additional features we may want, but would need to bring in someone external for support with design and branding.

Points of interest:

- Document management
 - Files can be public or private;
 - Subscribers can be sent automated emails about new or amended files;
 - Files will be amended in one place and they will be updated everywhere;
 - Analytics will show which logged-in subscribers have viewed which files; and
 - A comments function would allow subscribers to make suggestions for revisions.
- Drug shortages plugin
 - Developed for other healthcare organisations (NHS Trusts) they work with;
 - Allows additional information (e.g. supply updates or concessions) to be added to medicinal product data taken from dm+d; and
 - Only available for subscribers.

WJP gives full aftercare support, pushing out updates for their system to users. However, with such a custom-built system, it raises concerns about what would happen if we ever wanted to move away from them in the future. No quotes were given at this stage.

Deeson

This digital agency works with clients to design and build websites. They have a number of high profile clients (eg Imperial War Museums) and have experience working to provide a system of micro sites linked together by a larger 'front door' website (for a national pub chain).

The team would be able to guide the whole site rebuild process from scoping through to design, developing and testing. We had a useful discussion with the team about our objectives and requirements along with the reasons behind the project.

We also discussed possibilities for the LPC websites and this has presented a significant question for us to consider: to create 70 separate websites for the LPCs (which would give them maximum freedom over their websites, and mean that PSNC is not the publisher of their information) has a significant cost attached (£80-100k); whereas to create micro-sites that sit underneath the PSNC website (as we have now, and which means limited freedoms for the LPCs, and that PSNC is linked to anything they publish) is much less expensive (c£25k). It is likely that the LPCs would prefer the former option, but as this is clearly unaffordable, we may need to put this to them and see if they want to fund the work.

Deeson's very initial quote for a new PSNC website was c£50-60k, which is in line with conversations we had with others who have recently upgraded websites.

Paul Goodwin

Paul Goodwin is a website developer who works as a freelancer or consultant rather than as part of a company. He has worked in an around the web industry for 15 years so has a wealth of experience and contacts to share.

Working with Paul would therefore be much more of an ensemble project with a number of other consultants specialising in design/branding and other technical aspects of website development. This solution might be more piecemeal and require additional effort from PSNC but is likely to be cheaper. Paul's assessment was that our proposal of £40k for this project would be challenging to deliver on.

Summary

These three providers described very different approaches to a website upgrade. Our preference, given the capacity of the team and the fact that we do not employ anyone with technical expertise, is to work with an agency like Deeson who would walk us through the entire process and who have clear demonstrable experience in delivering national, high-impact websites. Our proposed next steps are to refine our specifications and to seek quotes and pitches from them and from a number of comparable agencies.

User survey

To help ensure we are meeting the needs of those who use the PSNC website, the Communications Team has drafted the following survey to inform the website upgrade. Some of the developers we spoke to indicated they would also be able to assist us with this stage of the project. Subcommittee members are asked whether these questions are sufficient to capture the information we need.

1. What is your primary occupation/role?
 - a. Community pharmacy contractor
 - b. Employed pharmacist / pharmacy manager
 - c. Locum pharmacist
 - d. Pharmacy technician / dispenser

- e. Local NHS organisation representative
 - f. LPC employee
 - g. Other (please specify)
2. Where do you access the PSNC website from? (can select one or more)
- a. Home
 - b. Pharmacy
 - c. Office
 - d. Mobile device
3. How often do you visit the PSNC website?
- a. More than once per day
 - b. Once per day
 - c. A few times per week
 - d. Around once per week
 - e. Less than once per week
4. How useful do you find the current PSNC website?
- a. Very useful
 - b. Useful
 - c. Not very useful
 - d. No use
5. What do you use the PSNC website for? (can select one or more)
- a. Keeping up to date with pharmacy news
 - b. Checking information on pharmacy funding and services
 - c. Using the services database
 - d. Checking for information on price concessions
 - e. Accessing PSNC publications / forms
 - f. Checking items in the special container database
 - g. Using the LPC Members Area
 - h. Other (please specify)
6. How easy is it to quickly find the information you are looking for?
- a. Very easy
 - b. Mostly easy
 - c. Sometimes difficult
 - d. Mostly difficult
7. Which of the following features do you find most useful?

	Very useful	Useful	Not very useful	No use	Wasn't aware of this
Main navigation drop-down menus					
RSS feeds					

Slides (larger images with links) on the homepage					
Latest news scrolling bar across the homepage					
Shortlinks (e.g. psnc.org.uk/nms)					
'Quick links' menu					
Search box					
Links seen in PSNC emails					
Links seen on social media (e.g. Twitter/Facebook/LinkedIn)					

8. Are there any changes you would like made to the site to improve navigation?

[COMMENT BOX]

9. Is there any information or resource not currently on the site that you would find useful?

[COMMENT BOX]

10. What improvements would you like to see made to the PSNC website?

[COMMENT BOX]

11. Would you be interested in downloading a PSNC App?

- a. Yes
- b. No
- c. Don't know

If yes, please tell us what you would like that app to do'

[COMMENT BOX]

12. What other pharmacy/health website do you regularly visit? (can select more than one)

- a. None
- b. Chemist+Druggist
- c. PJ Online
- d. NPA
- e. RPS
- f. GPhC
- g. CCA
- h. Local LPC website
- i. GOV.UK – MHRA / DHSC / Public Health England
- j. NPSA
- k. NHSBSA / NHS Prescription Services
- l. Other (please specify)

13. Do you have any other comments regarding the PSNC website?

[COMMENT BOX]

LPC sites survey

Similarly, to help ensure we are meeting the needs of LPCs, we have drafted a separate survey to inform the development of new LPC site templates. It is recommended that this survey is completed by the primary administrator for the LPC's website. Subcommittee members are asked whether these questions are sufficient to capture the information we need.

1. Does your LPC have a website provided by PSNC?
 - a. Yes
 - b. No

2. Why did you decide to use or not use the current PSNC template for LPC sites?
[COMMENT BOX]

3. How frequently do you update your website?
 - a. Daily
 - b. Several times a week
 - c. Weekly
 - d. Less than once a week

4. How important are each of these audiences for your website (1 is not at all important and 5 is critical)?
 - a. Local contractors
 - b. Local commissioners
 - c. Local patients or members of the public

5. Which sections of your website do you make the most use of? (select as many as you like)
 - a. Pages
 - b. News story posts
 - c. Event posts
 - d. Featured slides
 - e. Pop-ups
 - f. Private members area
 - g. Other (please specify)

6. Please rate the following aspects of the template LPC websites (1-5, with 1 being awful and 5 being great)
 - a. Design
 - b. Ease of administration
 - c. Functionality for LPCs
 - d. Functionality for contractors
 - e. Support and help documentation

How could we improve the following aspects of the LPC sites? Please be as descriptive as possible

7. The design

[COMMENT BOX]

8. Ease of administration

[COMMENT BOX]

9. Functionality for LPCs

[COMMENT BOX]

10. Functionality for contractors

[COMMENT BOX]

11. Support and help documentation

[COMMENT BOX]

12. What additional features or functionality would you like to be available on any new LPC template site?

[COMMENT BOX]

13. Would your LPC be willing to contribute towards the development of a new template website, if it would offer more complex features or functionality?

- a. Yes
- b. No
- c. Maybe

14. Do you have any other comments or suggestions?

[COMMENT BOX]

15. Would you be interested in joining a working group to inform the upgrade of the LPC site templates?

- a. Yes
- b. No

LPC sites working group

To take the LPC site templates aspect of the website upgrade forward, we plan to set up a working group to help co-ordinate this part of the project. Whilst we will extend an invite out to any volunteers via the LPC mailing list, the Communications Team has also begun identifying people who might be beneficial to be part of this group.

Top of this list are the LPC staff employed as communications officers or with roles where they actively manage their LPC's websites. However, we may also wish to include a couple of people from LPCs that don't currently use the PSNC template to see what we might be able to do to increase its appeal for the future.

Subcommittee Action

The subcommittee is asked to consider:

- Is anything missing from the principles and specifications for the website build?
- What new features would we like an upgraded website to have beyond those suggested?
- What feedback does the subcommittee have on the different approaches described by the website developers the team spoke to and on our proposed next steps?
- What is the subcommittee's view on the LPC websites – are we content providing them with a template given the cost involved in having completely independent websites?
- Does the user survey ask the right questions?
- Does the LPC sites survey ask the right questions?
- Any additional feedback at this stage of the project.

Subject	Pharmacy Communications
Date of meeting	September 2020
Committee/Subcommittee	Communications and Public Affairs
Status	Not confidential
Overview	An update on PSNC's communications with contractors, pharmacy teams and LPCs, including our digital statistics reports.
Proposed action(s)	None
Author(s) of the paper	Melinda Mabbutt

Pharmacy Communications

Introduction

This paper provides an update on work to communicate with community pharmacy contractors, pharmacy teams and LPCs. It also contains monthly statistics on PSNC's digital communications.

PSNC Negotiations and CCPF Services Update

We have published an update on PSNC's ongoing negotiations related to funding and services, setting out the work being done to seek funding increases for community pharmacy contractors via an uplift to the CCPF. The briefing also describes some bigger picture objectives that PSNC is working towards.

[PSNC Briefing 025/20: PSNC Priorities and Negotiations Action List](#)

On a related note, PSNC Chief Executive Simon Dukes has called on contractors to reconsider the free of charge provision of services that fall clearly outside the CCPF. These communications have been supported with email newsletter and social media content, the CEO Blog for August, and through a press interview with Pharmacy Magazine (see below).

Pharmacy Representation Review next steps: contractor webinar

Following on from the independent review into community pharmacy contractor representation and support, PSNC Chief Executive Simon Dukes posed four key questions for the sector to consider this summer. On 10th August, PSNC held a webinar for contractors to set out some initial responses to the review team's recommendations and to talk about the next steps for the sector.

Pharmacy Magazine podcast

In an interview with Pharmacy Magazine Editor Richard Thomas, the CEO discussed the impact COVID-19 has had on the sector, the perilous financial situation many contractors have found themselves in, and the findings of the independent review. The interview also provided an opportunity to talk about ongoing negotiations and PSNC's bid for a funding uplift.

COVID-19 Hub

Following the implementation of an updated COVID-19 SOP for community pharmacy, the [Network resilience page](#) was amended to reflect the changes to the guidance. Updates on personal protective equipment (PPE) and other topics are being added as the news is confirmed. We are also in the process of updating the FAQs library.

PSNC digital communications reports (July and August reports overleaf)

July 2020 overview: This month the newly announced Part 1 2020/21 Pharmacy Quality Scheme (PQS), the introduction of mandatory face coverings for the public, and staff risk assessments were high on visitors' agendas. Our largest peak in website numbers was on Tuesday 2nd, the day we published updated guidance for contractors on NHS Test and Trace. There was a similar peak on Monday 13th and Tuesday 14th, when the Part 1 PQS for 2020/21 was announced.

August 2020 overview (note, data taken on 26th August): Updates relating to the community pharmacy COVID-19 SOP and personal protective equipment (PPE) were popular, and there was also ongoing interest in the Pharmacy Quality Scheme. Our largest peak in website numbers was on Tuesday 25th, the day we gave an update on negotiations progress on the Flu Vaccination Service.

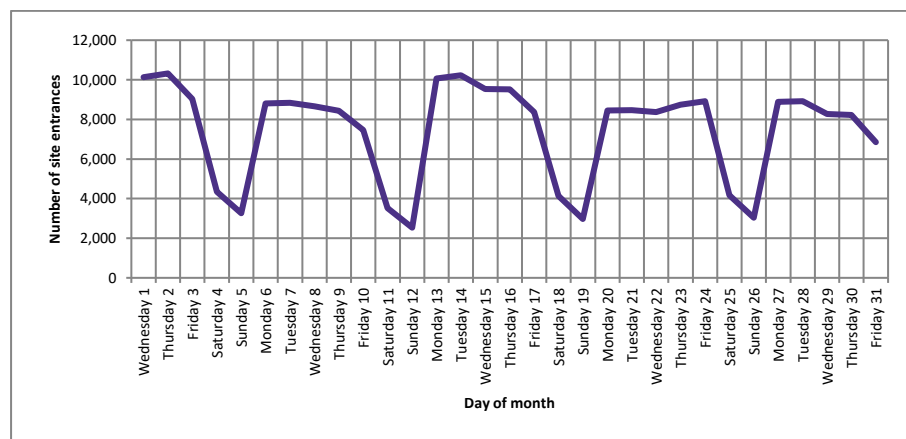
Conclusion

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.

PSNC digital communications report – July 2020

PSNC Website

Audience	July	June
Number of unique visitors (site entrances)	231,494	216,629
Number of unique pageviews	392,614	361,915



Pages	Views
Price concessions	20,181
Pharmacy Quality Scheme	7,485
Personal protective equipment, staff safety and security	6,406
PSNC Pharmacy Advice Audit	5,655
Controlled Drug prescription forms and validity	5,388

News stories	Date	Views
Face coverings to be mandatory in shops & supermarkets	15 July	4,596
Updated: NHSBSA staff risk assessment survey	9 July	4,227
COVID-19: Updated public information posters	10 June	4,166
PQS announced for first part of 2020/21	13 July	3,697
COVID-19: Updated PHE posters	13 April	3,050

PSNC Briefings	Views
023/20: Early guidance on the 2020/21 Flu Vaccination Advanced Service	3,755
024/20: PQS Essential Criteria Checklist for COVID-19 - Evidence checklist	3,127
021/20: PSNC Pharmacy Advice Audit – Team Briefing Sheet	2,132
022/20: NHS Test and Trace – Key points for contractors as Q&As	1,706
016/19: EPS Controlled Drugs (CD) FAQs	261

Webinars/videos	Plays
PSNC audit presentation on-demand	798
Part 1 PQS 2020/21 digital guide	617
PSNC CEO Pharmacy Advice Audit video message	415
Future of Pharmacy animation	122
A digital guide to the Pandemic Delivery Service	19

PSNC Emails

PSNC Newsletter	July	June	Other health newsletters
Open rate	33%	33%	23%
Click rate	4%	3%	6%
Clicks to opens	11%	10%	20%

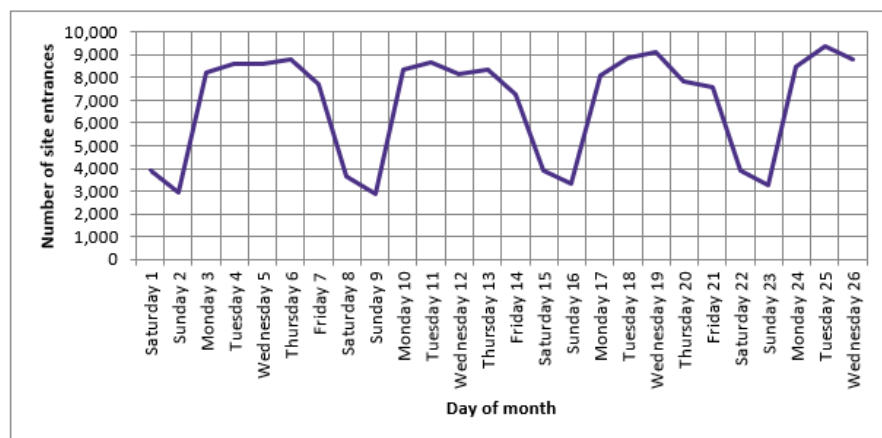
Social media

	July	June
Twitter reach	130,600	175,400
Twitter interactions	2,957	3,625
Facebook reach	8,016	5,583
Facebook interactions	890	704
LinkedIn reach	9,338	5,896
LinkedIn interactions	450	491

PSNC digital communications report – August 2020

PSNC Website

Audience	August	July
Number of unique visitors (site entrances)	178,628	231,494
Number of unique pageviews	295,822	392,614



Pages	Views
Price concessions	15,288
Flu vaccination training	4,930
Controlled Drug prescription forms and validity	4,406
Flu Vaccination Service	3,954
Pharmacy Quality Scheme	3,529

News stories	Date	Views
Initial information on the Part 2 PQS for 2020/21	6 Aug	5,789
Supply Notification: H2-antagonists – Update	21 Aug	3,855
PPE portal: now live for Community Pharmacy	3 Aug	2,878
Update on flexible approaches to flu vaccination	7 Aug	2,613

Updated COVID-19 SOP: opening hours flexibility removed	11 Aug	2,571
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PSNC Briefings	Views
023/20: Early guidance on the 2020/21 Flu Vaccination Advanced Service	2,205
024/20: PQS Essential Criteria Checklist for COVID-19 - Evidence checklist	1,402
006/20: An update about Patient Facing Services and other app offerings	302
038/19: Pharmacist checklist for the Flu Vaccination Service (Sept 2019)	189
016/19: EPS Controlled Drugs (CD) FAQs	179

Webinars/videos	Plays
Part 1 PQS 2020/21 digital guide	249
Pharmacy Representation Review next step webinar – LIVE	122
Future of Pharmacy animation	108
Pharmacy Representation Review next step webinar – ON-DEMAND	71
2019/20 Flu Vaccination Service video	14
A digital guide to the Pandemic Delivery Service	9

PSNC Emails and Social Media

PSNC Newsletter	August	July	Other health newsletters
Open rate	31%	33%	23%
Click rate	3%	4%	6%
Clicks to opens	8%	11%	20%

	August	July
Twitter reach	113,600	130,600
Twitter interactions	2,100	2,957
Facebook reach	2,520	8,016
Facebook interactions	262	890
LinkedIn reach	3,614	9,338
LinkedIn interactions	112	450

Subject	Parliamentary Engagement and Public Affairs
Date of meeting	September 2020
Committee/Subcommittee	Communications and Public Affairs
Status	Not confidential
Overview	A summary of PSNC's public affairs work and engagement with external stakeholders in recent months.
Proposed action(s)	None
Author(s) of the paper	Jessica Ferguson

Parliamentary Engagement and Public Affairs

Introduction

This paper presents an overview of the public affairs work PSNC has carried out since the last committee meeting.

Public affairs support for LPCs

We are continuing to get local public affairs queries from LPCs and contractors. As Parliament broke for recess in late July, we updated our LPC resources for MPs to help facilitate any engagement during the summer months, including guidance for visits/Zoom briefings, press releases and a crib sheet of key messages. We are currently working on developing resources for LPCs to use with MPs this winter and will be briefing them on our plans in the coming weeks.

Public affairs plans for autumn/winter

While Parliament has been in recess, we have been developing plans for how to engage with MPs this autumn and winter. As part of our focus on flu, we will be undertaking some parliamentary activity to encourage MPs to get their flu vaccinations in pharmacies this year. This will also include some initial messaging on what people can expect from pharmacy this winter. The below grid sets out some of our planned work in this area as well as a proposed timeline for some of these actions.

September	
Aim	Actions
Focus on flu: Parliamentary activity to encourage MPs to be vaccinated in pharmacies	<ul style="list-style-type: none">• A template letter for LPCs to use to invite their MPs for pharmacy flu vaccinations• An email to supportive MPs explaining pharmacy's role in flu vaccinations• A separate email to new MPs on the same topic• A possible letter from an APPG Officer to MPs encouraging them to get vaccinated in pharmacies
Initial wave of messaging on what people can expect from pharmacy this winter	<ul style="list-style-type: none">• For local MP engagement we will develop an LPC press release which can be shared after visits/briefings.• For external stakeholders (charities, patient organisations), we will develop an infographic of patient messaging for them to share with their audiences
Highlighting the challenges for the sector and funding asks	<ul style="list-style-type: none">• This messaging will feature in our email communications to MPs.• It can also form part of the APPG's first event on winter pressures, expected in October.

October	
Aim	Actions
Continue flu work	<ul style="list-style-type: none"> • Continue as per above (there may be follow-up actions) • APPG to host winter pressures event which will touch on this topic
Messaging on pharmacy advice – may include Advice Audit results, plus promoting pharmacy as a safe place for COVID-related services	<ul style="list-style-type: none"> • Use data to create an MP briefing and infographic – this will be useful to showcase clinical role of pharmacies, particularly in the context of winter pressures/congestion in GPs and A&Es etc
Begin regional MP briefings programme on winter pressures	<ul style="list-style-type: none"> • PSNC will offer to co-host winter action days with LPCs – getting local MPs together via Zoom to hear from the LPC and contractors about what to expect from pharmacy and what further support the sector needs
#pharmacywinter	<ul style="list-style-type: none"> • We would like to reintroduce the #pharmacywinter hashtag and use this brand for some joint work with the other pharmacy organisations. This will involve rebranding our joint hub (currently used for #pharmacyheroes) to provide resources for LPCs/contractors to take part in media work to showcase the role of pharmacy during the winter months.

November	
Aim	Actions
Brexit work likely to begin	<ul style="list-style-type: none"> • We will update our lines for MPs, as around this point of the year, Brexit-related queries may increase. • There may be some work required on shortages, so we may need to update the patient leaflet we created previously.
Second wave of flu communications expected as HMG stocks released	<ul style="list-style-type: none"> • For MPs, possible additional patient (constituent) focused messaging required on the second 50-64 cohort. • Messaging may also be required for charities/patient organisations.
MP briefing programme on winter pressures continues	<ul style="list-style-type: none"> • Continue as per previous month

APPG

Before Parliament broke for recess, we were able to get the APPG re-registered and formally elect the chair and officers. However, in August, when the contract with the secretariat (Lexington Communications) came up for renewal, the CEOs asked the public affairs teams to recruit a new

Secretariat provider. There had been some concerns about Lexington's performance and we are seeking better value for money from any future provider.

The recruitment process is ongoing and interviews are being held during the week commencing 7th September, with the intention of having a new Secretariat in place by the end of the month. The CCA are the lead organisation of the APPG Management Group this quarter so they are overseeing the recruitment process and in the interim they are acting as the public point of contact for the APPG.

In the meantime, the public affairs teams are in regular contact with APPG Chair Jackie Doyle-Price's office to provide her and the group with support during the interim period. We are also working with her to coordinate the first APPG event of the new Parliament, which we hope will be a session on winter pressures. Jackie has also recently had an opinion piece published in [The Telegraph](#) which called for additional funding and support for the sector.

We have also continued to have weekly public affairs calls with the other pharmacy bodies to discuss joint working and other projects alongside the APPG.

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.