

PSNC Service Development Subcommittee Agenda
for the meeting to be held on 2nd November 2021
via Zoom, commencing at 1pm

Members: Reena Barai, Clare Kerr, Sunil Kochhar, Roger Nichols, Faisal Tuddy, Gary Warner (Chairman)

1. Welcome from Chair
2. Apologies for absence
3. Conflicts or declarations of interest
4. Minutes of the last meeting (**Appendix SDS 01/11/2021**)
5. Actions and Matters Arising

Action

6. Potential criteria for the 2022/23 Pharmacy Quality Scheme (**Appendix SDS 02/11/2021**)
7. Future service development priorities (**Appendix SDS 03/11/2021**)
8. Revising the education and training requirements for pharmacist independent prescribers (**Appendix SDS 04/11/2021**)
9. Any other business

Minutes of the PSNC Service Development Subcommittee meeting
held on Wednesday 8th September 2021 via Zoom
commencing at 10.45am

Present: Reena Barai, Roger Nichols, Faisal Tuddy, Gary Warner (Chairman)

In attendance: Alastair Buxton, Has Modi, Ifti Khan, Mark Burdon, Jas Heer, David Onuoha, Rosie Taylor, Marc Donovan, Stephen Thomas, Adrian Price, David Broome, Peter Cattee, Ian Cubbin, David Broome, Mike Dent, Mark Burdon.

Item 1 – Welcome from Chair

1.1 The Chair opened the meeting and welcomed the attendees.

Item 2 – Apologies for absence

2.1 Apologies for absence were received from Clare Kerr and Sunil Kochhar.

Item 3 – Conflicts or declarations of interest

3.1 No new conflicts of interest or declarations were made.

Item 4 – Minutes of the last meeting

4.1 The minutes of the subcommittee meeting held on 15th March 2021 were approved.

Item 5 – Actions and Matters arising

5.1 None.

Item 6 – Hypertension Case-Finding Advanced service

6.1 Initial information on the service, including the specification for BP meters to be used had been published earlier in the week. The current draft of the service specification had been circulated with the agenda; this was still a work in progress, with the aim being to finalise the draft by the end of the week.

6.2 Feedback on the current draft of the service specification was provided.

Item 7 – Resources to support the commissioning of Patient Group Directions

7.1 The final drafts of the toolkit documents had been circulated with the agenda. Once any feedback from the Committee had been incorporated into the drafts, they would be published for use by the LPCs.

- 7.2 The subcommittee said the work was excellent and gave their thanks to David Onuoha for his hard work on producing the resources.

Item 8 – Topics for discussion at future subcommittee meetings

- 8.1 Ahead of the start of negotiations for Year 4 of the CPCF 5-year deal, another meeting of the subcommittee will be called, to allow a discussion on service development options which may be considered for discussion with NHSE&I and DHSC.
- 8.2 Ahead of the next subcommittee meeting, members were asked to consider other potential service development options for inclusion in the year 4 and 5 negotiations and for any subsequent agreement on the CPCF.

Item 9 – Health campaign topics and national clinical audit for 2021/22

- 9.1 Alastair Buxton reported on a recent meeting with NHSE&I.

Item 10 – Revised service specification for the Pharmacy Collect service

- 10.1 The revised service specification was noted and it was reported that this was due to be published, alongside other resources for contractors the following day.

Item 11 – Primary Care Network developments of relevance to the CPCF

- 11.1 The information set out in the PSNC Briefing on PCN developments and the links to the CPCF were noted.

Item 12 – Pilot of CPCS referrals from Urgent Treatment Centres and Emergency Departments

- 12.1 It was noted that NHSE&I were commencing a pilot of referrals from urgent treatment centres (UTC) and hospital emergency departments (ED). The purpose would be to evaluate the potential for this at scale and understand both the clinical governance and operational issues for referrals from UTCs/EDs. The pilot would include minor illness and urgent medicines referrals and NHSE&I aim to have one pilot site within an urgent and emergency care system per NHS region.

Item 13 – Any other business

- 13.1 None.

Subject	Potential criteria for the 2022/23 Pharmacy Quality Scheme
Date of meeting	2nd November 2021
Committee/Subcommittee	SDS
Status	Confidential
Overview	<p>This paper summarises options that PSNC could propose for inclusion in the 2022/23 Pharmacy Quality Scheme.</p> <p>They are derived from options included in previous schemes, options previously identified by NHSE&I and suggestions from Committee members and LPCs.</p>
Proposed action	Consider the topics for potential criteria and identify preferred options to guide the forthcoming negotiations with NHSE&I and DHSC.
Author of the paper	Rosie Taylor

Subject	Future service development priorities
Date of meeting	2nd November 2021
Committee/Subcommittee	SDS
Status	Partially confidential
Overview	This paper provides a summary of the CPCF developments within the 5-year agreement which have already been implemented, those yet to commence and other potential service developments which could be considered for inclusion in the CPCF in the future.
Proposed action	<p>Consider the opportunities for the future development of community pharmacy services and identify those most suitable for further development and / or consideration for discussion in negotiations with NHSE&I and DHSC, or to inform the development of the pharmacy services elements of a future vision for the sector.</p> <p>It should be assumed that any potential service developments would require additional funding within the CPCF.</p>
Authors of the paper	Rosie Taylor and Alastair Buxton

NHS priorities

Any services identified as priorities for commissioning must clearly be ones which align with the priorities of the NHS, as set out in the [NHS Long Term Plan](#) (including early cancer diagnosis, hypertension detection, respiratory disease and improvements in the care of children and young people) and also the shorter-term post-pandemic priorities set out in the 2021/22 planning guidance:

- A. Supporting the health and wellbeing of staff and taking action on recruitment and retention.
- B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
- C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
- D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (EDs), improve timely admission to hospital for ED patients and reduce length of stay.
- F. Working collaboratively across systems to deliver on these priorities.

What has already been implemented from the 5-Year CPCF agreement or is being implemented or piloted in 2021/22?

- NHS 111 Community Pharmacist Consultation Service (CPCS);
- NHS 111 online / IUC CAS / 999 referrals to CPCS;
- Terms of Service changes, e.g. NHSmail, DoS updating;
- Revised Pharmacy Quality Schemes;
- Hepatitis C Testing Advanced Service*;
- GP referral pathway to CPCS;
- Healthy Living Pharmacy requirements;
- Discharge Medicines Service;
- Hypertension Case-Finding Service;
- Stop Smoking Service (referrals from secondary care) – due to start January 2022; and
- Expansion of the New Medicine Service (NMS) to other therapeutic areas and catch-up NMS.

Pilots

- CPCS referrals from Urgent Treatment Centres and Emergency Departments;
- Palliative Care Service - pilot to test the creation of a community pharmacist Palliative Care Network Lead in each Integrated Care System (ICS). The individual will coordinate access to information for prescribers about community pharmacy PEOLC support and medicines stock holding across the ICS and explore the potential for a role across each ICS;
- Point of Care Testing for minor illness, to support antimicrobial stewardship - a pilot of Strep throat testing was abandoned due to the pandemic;
- Contraception – a two-year pilot. Tier 1 - involves repeat supplies of contraception being provided via PGD. Tier 2 (April 2022) - initiation of oral contraception. Tier 3,

access to and then potentially initiation of long-acting reversible contraception (potentially including implants);

- NMS pilots will test three aspects:
 1. **Therapeutic Areas:** Piloting NMS expansion to include depression;
 2. **Integration:** Testing a fully integrated NMS model across a PCN. Including: integrating NMS into PCN patient pathways; and ensuring adequate clinical governance, digital infrastructure, and data sharing to enable this; and
 3. **Pharmacy technicians:** Piloting NMS service delivery by pharmacy technicians.

* The Hepatitis C testing service is only commissioned until 31st March 2022; therefore, this service may end at this time unless it is re-commissioned.

COVID-19 related services implemented

- COVID-19 vaccination service (Enhanced service);
- Delivery of prescriptions to COVID-19 positive patients; and
- Distribution of COVID-19 Lateral Flow tests.

Current priorities for the Services Team to support national or local commissioning of services

During the remainder of 2021/22, the work of the Services Team will be prioritised towards supporting the negotiations on additions and changes to the CPCF.

Work is underway to consider the best way to tackle the walk-in/phone-in demand within the Year 4 negotiations and to respond to the Secretary of State's desire to consider enhanced minor illness management with PGDs (and potentially independent prescribing).

Additionally the team is planning to undertake work on:

- Additional vaccinations beyond adult flu and travel vaccines - proposals for national or local commissioning of pneumococcal vaccine and a children's flu vaccination mop-up service. If there is a need for ongoing COVID-19 boosters after the initial booster programme, that would also be a priority to focus upon; and
- Materials to support the local or national commissioning of an AF case-finding service to augment the Hypertension case-finding service, aligned to the PCN DES.

Discussions from previous SDS and Committee meetings about service development priorities

The Committee was asked at the November 2020 and February 2021 Committee meetings if there were any further services or changes to services that we would want to try to add to the 5-year CPCF; additional suggestions to those listed above were:

- Antimicrobial stewardship supported by point of care testing, particularly for urinary tract infections (this could potentially be included in the PGD treatment service envisaged by the Secretary of State);

- Other health checks; and
- Medicines management, synchronisation of prescriptions and MAR chart provision could be considered (beyond the contractor's duty to make reasonable adjustments to support use of medicines which could include providing MAR charts).

Previous service proposals that have not yet been developed

In [2016](#) and [2018](#), PSNC developed service proposals, some of which have been taken forward and others which have not. The following service ideas are those that were not taken forward (or not taken forward fully) and could still be relevant to service development:

- Emergency Hormonal Contraception service (nationally commissioned – but risk that this predates local funding);
- Pilot the management of minor injuries (building on proof-of-concept work already undertaken);
- COPD rescue packs;
- [Care Plan Service](#);
- Annual dose form/device check;
- Annual adherence review;
- Measurement of Patient Activation Measure (PAM);
- Hypertension management service (independent prescribing) or the management of other LTCs;
- Stop smoking service (nationally commissioned – but risk that this predates local funding);
- NHS Health Checks and more follow up of patients – personalised wellbeing plan (nationally commissioned – but risk that this predates local funding);
- COPD case-finding;
- Structured Medication Reviews;
- Querying prescribing of medicines of low clinical value and specific meds, e.g. specials
- Safety interventions during dispensing (building on PQS asthma, NSAIDs, anticoagulants, etc.);
- Transfer from Repeat prescribing to eRD and the development of a community pharmacy care package for patients
 - Use of electronic repeat dispensing becomes the default prescribing option where the prescriber wishes to prescribe on a long-term basis;
 - The duration of each supply to the patient is determined by the pharmacist and patient, with guidance from the prescriber, in order to ensure it is based on clinical need and to seek to avoid unintended wastage of medicines;
 - Patients are registered with an individual pharmacy to allow a patient centred/holistic approach to supporting their use of medicines/management of LTCs;
 - Synchronisation of patient's medicines; and
 - PAM and adherence scores used to indicate the impact of pharmacy interventions.

Summary of service development options

The below table summarises the service development options listed on the previous pages. Some of the service development options could be listed under multiple headings, but for the sake of simplicity they have one been allocated to one.

<p>Supporting self-care and urgent care (Reducing demand on GPs and urgent care)</p> <ul style="list-style-type: none"> • Redefining the Support for Self-care Service and a walk-in CPCS • Enhanced minor illness service (PGDs/independent prescribing) • Emergency Hormonal Contraception service • Pilot the management of minor injuries (building on proof-of-concept work already undertaken) • COPD rescue packs • Antimicrobial stewardship supported by POCT, e.g. urinary tract infections • Inhaler technique service 	<p>Promoting health and wellbeing (prevention) (Reducing future healthcare demand)</p> <ul style="list-style-type: none"> • National stop smoking service • National commissioning of NHS Health Checks (and other health checks) and more follow up of patients – personalised wellbeing plan and use of PAM • Atrial fibrillation case-finding identification • COPD case-finding • Additional vaccinations beyond adult flu and travel vaccines, e.g. shingles, pneumococcal, children’s flu vaccination mop-up service
<p>LTC support and management (Building primary care capacity)</p> <ul style="list-style-type: none"> • Care Plan Service • Annual dose form/device check • Annual adherence review • Structured Medication Reviews • Measurement of Patient Activation Measure (PAM) • Hypertension management service (independent prescribing) • LTC management by Independent Prescribers 	<p>Improving patient safety and cost effectiveness (Optimising use of medicines and reducing harm)</p> <ul style="list-style-type: none"> • Tackling polypharmacy and identifying potential gaps in prescribing • Querying prescribing of medicines of low clinical value and specific meds e.g., specials • Safety interventions during dispensing (building on PQS asthma, NSAIDs, anticoagulants, etc) • Development of eRD to provide more support for LTC patients, e.g. PSNC’s previous Care Plan Service and Care Package proposals • Medicines management, synchronisation of prescriptions and MAR chart provision

Current locally commissioned services

The below table ranks the current locally commissioned services in order of highest number of services commissioned, as these services may also provide options for national service development, whilst recognising that this would need to be balanced with the risk of the loss of funds from local commissioning.

Type of service	Number of services
Supervised administration	126
Needle & syringe programme	120
Emergency hormonal contraception	96
Stop smoking	91
On demand availability of specialist drugs (palliative care)	66
Minor Ailment Service	62
Sexual health	41
Chlamydia testing and treatment	35
NHS Health Check	30
NRT and/or varenicline voucher scheme	28
Medicines assessment & compliance support	26
Alcohol screening & brief intervention	21
Cardiovascular (AF, hypertension)	18
Emergency supply	16
Discharge support & reablement	13
Blood-borne virus screening	11
Respiratory	10
Healthy Start vitamins	9
Not dispensed scheme	9
Eye care	8
Lateral Flow Testing in Community Pharmacy	8
Weight management	8
Sharps disposal	7
Care home services	6
Domiciliary care	6
Tuberculosis (TB)	6
Diabetes	5
Naloxone	5
Anticoagulant	3
Head lice	3
Out of hours (access to medicines)	3
Seasonal influenza vaccination	3
Vulnerable patients	3
Antiviral stockholding	2
Cancer	2
Dementia	2
Ear, nose & throat	2
Gluten free food service	2

Subcommittee action

This paper summarises the services which are short-term priorities for PSNC and / or NHSE&I, based on previous discussions of the Committee and the pilots underway or planned by NHSE&I; work is respectively underway or planned on all of these topics.

The paper also lists services commonly commissioned at a local level and other service development opportunities which could be considered for development in the future, either through the development of business cases, where sufficient experience of service provision is already available from pilots or local service commissioning or where piloting the service would be the sensible next step.

The subcommittee is asked to identify potential services listed in the paper or other options:

1. Most suitable for further development and / or consideration for discussion in negotiations with NHSE&I and DHSC, or to inform the development of the pharmacy services elements of a future vision for the sector; and
2. Which could be proposed for piloting by NHSE&I.

Subject	Revising the education and training requirements for pharmacist independent prescribers
Date of meeting	2nd November 2021
Committee/Subcommittee	SDS
Status	Public
Overview	The General Pharmaceutical Council are consulting on changes to the education and training requirements for pharmacist independent prescribers.
Proposed action	Consider whether PSNC should support the proposed changes.
Author of the paper	Alastair Buxton

Introduction

The General Pharmaceutical Council are consulting on changes to the education and training requirements for pharmacist independent prescribers.

Their proposals are set out in a short [consultation document](#), but in summary they propose to:

- remove the requirements for registered pharmacists to have two years of clinical practice, before they can enrol on an accredited independent prescribing course;
- remove the requirement to have relevant experience in a specific clinical or therapeutic area, before they can enrol on an accredited independent prescribing course; and
- retain the requirement that course participants must identify an area of clinical or therapeutic practice to focus on during the course.

Subcommittee action

The Subcommittee is asked to consider whether PSNC should support the proposed changes.