

**Pharmaceutical Services Negotiating Committee
Communications and Public Affairs (CPA) Subcommittee
Minutes for the meeting held on
Monday 5th July 2021**

Minutes of a meeting of the PSNC CPA Subcommittee held on Monday 5th July 2021 at 6.00pm.

Members of CPA present: David Broome, Tricia Kennerley (Chair), Clare Kerr, Fin McCaul, Stephen Thomas.

In Attendance: Simon Dukes, Jessica Ferguson, Jamie Gilliam, Jas Heer, Zoe Long, Melinda Mabbutt, Has Modi and James Wood (until 6:30pm).

Apologies: None received.

Conflicts of interest: None received.

Minutes of the last meeting: The minutes of the meeting held on 14th May 2021 were approved by the subcommittee.

Matters arising: There were no matters arising.

Item 1 – Communications Planning

The subcommittee discussed two key topics: the Review Steering Group (RSG) and Year 3 negotiations.

James Wood gave an update on the work of the RSG, noting that the programme timeline and principles have been set out. The recruitment of a programme manager to oversee the process is ongoing. The next priorities are for the RSG to come up with options for the future, and this will be done in collaboration with the Contractor Forum, trade bodies, PSNC and LPCs, also consulting with them on parameters around the vote to be held at the end of the year. There will be considerable communications work for the RSG over the summer.

Zoe Long explained that PSNC has been issuing more communications and statements on the work of the RSG over the last few weeks, including blogs from the Chief Executive, which have been supportive of the programme, encouraging contractors to input constructively.

The subcommittee felt that a key challenge would be for the RSG to manage the expectations of LPCs, and PSNC could perhaps help with this. Engaging with contractors will also be a challenge, as many are too busy to be engaged in work like this. Regular communications about the RSG and its work will be critical over the summer both to keep people informed and to counter any misinformation or rumours.

The subcommittee considered the need for the RSG to look at new Integrated Care System (ICS) structures in its work, and it was suggested that PSNC could issue more information/guidance about the upcoming changes re ICS development to avoid any misconceptions about commissioning. It was noted that smaller LPCs, who do not always see the benefit of ICS level work, may struggle to engage as they don't have a clear idea of larger system level working: PSNC can help tackle this. Simon Dukes discussed Primary Care

Networks (PCNs) and said we must not lose sight of this structure, which remains important to NHS colleagues.

On Year 3 CCPF negotiations, the subcommittee considered how PSNC should be positioning itself when a deal has been agreed. Suggestions for communications included:

- Explaining very clearly the likely impact on cashflow so that contractors can be prepared. A diagram/timeline may be helpful to explain this.
- Highlighting the positives of the deal – we did this for the COVID costs deal and that must continue. Positives include the movement we gained on the Pharmacy Quality Scheme (and the balance between protecting the £75m and minimising workload); resisting the dilution of the global sum on capital expenditure; taking forward discussions on return on investment; and providing a platform for an increasing role in prevention and health inequalities (through the cardiovascular testing service) while starting to differentiate our role from that of PCN pharmacists.
- We should also stress that we haven't given up on seeking additional funding.
- We need to try to address the mood of the sector with many community pharmacy teams feeling exhausted and undervalued: why have they not been rewarded more for this?
- We should look to the future as well, for instance highlighting the Pharmacy Audit results which give us a platform for discussions on seeking extra funding for walk-in patients.
- Creation of a calendar for contractors setting out how they could manage the workload involved in Year 3 over time, and breaking down tasks into manageable steps.

The subcommittee also discussed the upcoming flu vaccination season and the need to reassure contractors about this as soon as possible.

Action 1: PSNC to continue to issue communications supporting the work of the RSG and encouraging the sector to engage constructively with it.

Action 2: Office to consider ways to further inform LPCs about ICS structures and how to engage with them.

Action 3: Office to draft Year 3 communications in line with the feedback from the subcommittee and included a calendar of activities for contractors. A further CPA meeting may be needed ahead of Year 3 announcements, if this cannot be handled by email.

Item 2 - Website Upgrade Project

Zoe Long gave an update on the website upgrade project, outlining the progress made on the development of the PSNC website and the LPC sites, and the next steps. Melinda Mabbutt talked through some slides featuring mock-ups of the new designs, including a new search function and new homepage. Subcommittee members liked the new designs for the PSNC website, particularly the 'not a pharmacy' button for external stakeholders, and they asked for the homepage to be as clutter-free as possible. Subcommittee members also agreed that structuring the new website will be a difficult but important part of the work, and asked whether website super-users could help with this process.

On the LPC websites the subcommittee supported the plan to have national news items automatically pulled through to the LPC sites. They asked if LPCs could receive more support, through videos or a call, to help them adopt the new sites: Zoe Long said the agency were planning some Zoom sessions for LPCs to support this.

Action 4: Office to explore how to involve website users in developing the new structure of the site, and to update subcommittee by email over the summer.

Item 3 – External Stakeholder Engagement

The subcommittee noted the paper in the agenda and agreed with the list of topics and services that we could use to promote pharmacy to external audiences. In addition, we should talk about the New Medicine Service, and focus on the role we can play in tackling health inequalities and levelling up as part of the pandemic recovery agenda. The subcommittee suggested we work the plans into a programme of engagement so we can make sure this work is undertaken on an ongoing basis: this work will be critical ahead of negotiations about what happens after the five-year deal, where we may need the support of external stakeholders to advocate for new services.

Subcommittee members flagged that resources should also be shared with LPCs to support local engagement work, and that we should be able to repurpose some of our resources and news to tailor them to the specific groups who we are talking to. Conversations with external stakeholders should also ask them how they think pharmacy can help the patients or other groups who they represent. And we should consider adding care home representatives, and wider NHS representatives (eg of Trust and CCGs) into the work programme – this could help with some of the challenges we face eg on DMS referrals, and it is important that community pharmacy tries to influence NHS structures where it can. The subcommittee also flagged the need to tie in with the other pharmacy organisations to ensure our efforts in this work are coordinated.

Action 5: Office to develop a programme for stakeholder engagement work taking into account the subcommittee feedback.

Item 4 - Pharmacy Communications

The subcommittee noted the paper in the agenda and Melinda Mabbutt gave a verbal update.

Item 5 – Parliamentary Engagement

The subcommittee noted the paper in the agenda and Jessica Ferguson gave a verbal update.

Item 6 – Any Other Business

A subcommittee member asked whether any webinars/workshops were being planned to support contractors with the COVID-19 cost claims process: two contractor events are being planned and communications will be issued shortly. It was also asked whether a weekly report from the NHS Business Services Authority (NHSBSA) could be issued – similar to what is used re PQS – to monitor how many contractors have or haven't submitted claims. Simon Dukes confirmed that is being discussed with the NHSBSA, but that any data issued is likely to be an overall percentage of contractors who have claimed, rather than anything specific.