

**Pharmaceutical Services Negotiating Committee
Communications and Public Affairs (CPA) Subcommittee
Minutes for the meeting held on
Friday 29th April 2022**

Minutes of a meeting of the PSNC CPA Subcommittee held on Friday 29th April 2022 at 3.00pm.

Members of CPA present: Tricia Kennerley (Chair), Clare Kerr, Sunil Kochhar, Fin McCaul, Jay Patel, Stephen Thomas.

In Attendance: Alastair Buxton, Mike Dent, Samantha Fisher, George Foote, Jamie Gilliam, Jas Heer, Zoe Long, Melinda Mabbutt, Has Modi, Janet Morrison, Roger Nichols.

Apologies: Prakash Patel.

Conflicts of interest: None received.

Minutes of the last meeting: The minutes of the meeting held on 2nd February 2022 were approved by the subcommittee.

Matters arising: There were no matters arising. Updates on actions were given as follows.

Action 1: This is in progress; the NPA had volunteered to put a plan together. This action should roll over.

Action 2: We are planning to hold the Parliamentary hypertension case-finding event in the autumn, ahead of party conference season.

Action 3: The results of the pressures survey have been launched, with media coverage gained across the national and trade press.

Action 4: National media coverage on our case for a walk-in service was published in February.

Action 5: Thanks to subcommittee members and others who have been helping to test the website.

Action 6: Website project wash-up sessions will take place in due course – the PSNC website is in its final testing phase, and just a handful of LPC websites are still to launch.

Item 1 - Pharmacy Vision and Influencing (Confidential)

ZL introduced this paper highlighting the fact that, with the end of 2023/24 rapidly approaching, we now need to consider what happens after the five-year deal comes to an end in March 2024.

JM noted that we need to get the context right ahead of the end of the 5-year CPCF deal, and we need to ensure that we build on, or complement, the RPS vision piece with the King's Fund. She hoped that this discussion could be used to help develop a more focused paper that can go to the Committee for their input in May. She noted that if we are looking at a vision for the sector, it would be good to have input from NHSE&I and DHSC, rather than the sector doing this in isolation. Alongside a vision we will also need to consider work on influencing and evidence-gathering.

A broad discussion was held, with the following points made.

Vision

- We should continue to try to influence the RPS vision piece so that it becomes a vision that community pharmacy also wants.
- There is an urgency around the vision, it needs to be done in the next 6-12 months.
- The main objective of the vision will be to increase long term investment in the community pharmacy sector.
- We need to make sure that the NHS knows the value of pharmacy, including the value for money it provides, as well as the benefits for patients.
- Different approaches to the funding model should be explored within the vision.
- We could speak to GPC to see if they would like to do a shared vision.
- The timing of the current APPG report into the future of pharmacy will set us up well for this wider vision work.

Influencing

- We should develop set themes throughout the year to focus on be more proactive in our strategy.
- We will need to target key decision makers such as SPADS, Ministers.
- We need to determine which thinktanks have the ear of ministers, and approach those first.
- The Treasury is one of the toughest departments to influence but we need to try and gain some support there.
- We need to align with the other sector bodies on this work.
- We should try to engage local NHS champions too, as well as national figures.
- A campaign on the various roles in community pharmacy may be good, so people can see the integral parts that the sector is made up from.
- We should emphasize the value of the hypertension case-finding service. There is already much anecdotal evidence that this has uncovered some very worrying cases.
- The funding bid contains a lot of useful data and we should utilise this as much as possible.
- We could focus on influencing the health select committee, and its members.

Resourcing

- We may like to commission an independent health think tank, or other organisation, to develop this strategy and vision, working in consultation with the sector and with DHSC and NHSE&I.
- We will need to think about releasing some resource as we don't currently have sufficient resource to complete all of this work.

ACTION 1: Office to consider next steps and priorities for the development of a community pharmacy vision and influencing strategy, with a paper on early priorities to be put to the Committee in May.

Item 2- Parliamentary engagement (Confidential)

GF introduced the paper and summarised that the APPG will shortly conclude its current inquiry into 'The future of pharmacy, in the wake of COVID'. The inquiry will lead to a manifesto of recommendations.

ACTION 2: Office to submit further evidence to the APPG inquiry, including data from the Pressures Survey, funding bid and the 2022 Advice Audit (if available).

Item 3- PSNC and LPC Websites Upgrade

MM gave an update on progress: the project is moving into its final phase, preparing for full launch of the PSNC website and archiving of the old website. She gave an overview of the tweaks that have been made to the website and noted that there has been good progress with the LPC sites, with the vast majority now live – the few that are outstanding should go live very soon. Members were happy with the project and noted that the transition has been a smooth and easy experience, if a lot of work for MM and JG, particularly to support the LPCs through the process.

ACTION 3: Website project wash-up sessions will take place in due course.

Item 4 – Annual Report 2021/22

The office is starting to think about compiling PSNC's 2021/22 annual report. As last year, we plan to draft and design in the spring/summer, followed by a short review stage allowing us to publish before the end of September. We have begun reviewing the most common topics identified in our monthly digital communications reports, but this is also a useful moment to reflect on the year just passed and to think about changes or improvements to the report.

CPA Members noted that we must ensure the report covers the funding bid and annual review process so that contractors understand the bids that have been made on their behalf. The pressures survey should be included and all of the other work that goes on but which contractors don't always see. As ever, we need to balance highlighting the work going on with managing expectations for the future.

ACTION 4: Office to review engagement with the 2020/21 annual report and proceed with development of the 2021/22 report.

Item 5 - Pharmacy Communications and Media Work

The subcommittee noted the paper in the agenda. MM highlighted the positive impact that the national media work had had on building relationships with key health journalists. She thanked Fin McCaul in particular for his recent support with the national media work.

Item 6 – Parliamentary Engagement and Public Affairs (Confidential)

The subcommittee noted the paper in the agenda and had a brief discussion noting that:

- We need to focus on how to influence ICSs.
- It would be helpful to engage as much as we can with the Fuller Review: the sector has been engaging with this, and the office will send a follow-up letter summarising our key points.
- It would be useful to give LPCs a list of key target MPs to engage with, especially those who have marginal seats, as they may be more likely to be advocates for the sector.
- We should get across the message that we are the only sector that has been continuously open throughout the pandemic, and also the only sector that has had, in effect, a pay cut.

ACTION 5: Office to send follow-up letter to Claire Fuller.

ACTION 6: Office to review key target MPs/LPCs for engagement, and to continue briefing MPs on the funding challenges and the value of the sector.

Item 7 – Any Other Business

None