

PSNC Service Development Subcommittee Agenda
for the meeting to be held on 18th May 2022
at DoubleTree by Hilton London Angel Kings Cross, 60 Pentonville Road,
London, N1 9LA commencing at 1.45pm

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 01/05/2022**)
5. Actions and Matters Arising

Action

6. Negotiations update – NMS expansion and CMS (**Appendix SDS 02/05/2022**)
7. Negotiations update – Pharmacy Quality Scheme 2022/23 (**Appendix SDS 03/05/2022**)
8. Hypertension case-finding service (**Appendix SDS 04/05/2022**)
9. Potential autumn COVID-19 vaccination programme (**Appendix SDS 05/05/2022**)
10. Service development priorities in a new vision for community pharmacy (**Appendix SDS 06/05/2022**)
11. Community Pharmacy Suspected Cancer Referral Pilot Scheme (**Appendix SDS 07/05/2022**)
12. Health campaign topics for 2022/23

Report

13. Flu vaccination service in 2022/23 (**Appendix SDS 08/05/2022**)
14. Availability of data on CPCF services (**Appendix SDS 09/05/2022**)
15. Update on NHS IT workstreams (**Appendix SDS 10/05/2022**)
16. Any other business

Minutes of the PSNC Service Development Subcommittee meeting

held on Thursday 7th April 2022 via Zoom

commencing at 1pm

Present: Roger Nichols, Faisal Tuddy, Clare Kerr, Gary Warner (Chair)

In attendance: Alastair Buxton, Rosie Taylor, David Onuoha, Has Modi, Fin McCaul, Ghada Beal, Stephen Thomas, Samantha Fisher, Jas Heer, Prakash Patel

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 Reena Barai 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 2nd November 2021 were approved.

Item 5 – Actions and Matters arising

5.1 None.

Item 6 – Expansion of the NMS

6.1 Alastair Buxton confirmed that there had been no changes since the issuing of the agenda.

6.2 Clare Kerr noted that there had been discussions on being able to offer NMS to a patient on the second time they presented at a pharmacy to collect a prescription for a new medicine, in case they were 'missed' when they first presented with a new medicine. This had not been agreed, but discussions were ongoing.

6.3 The subcommittee were supportive of the development of this service, as proposed in the Source paper; the following points were made:

- There is a high volume of training associated with the proposed expanded and refreshed NMS; consideration needs to be given to allowing contractors enough time to be able to complete this, bearing in mind other training requirements associated with, for example, the Pharmacy Quality Scheme (PQS).

- Although the MYS API is still in development, consideration needs to be given to not making the service harder to provide due to IT systems not being updated in a timely manner.
- The issue of sharing elements of the service specification with the IT providers at an early stage was raised; Alastair Buxton provided a summary of the Technical Working Group meeting that had taken place the previous day, where this issue was discussed in general for the provision of all services. There was a consensus at the meeting on the need to provide better notice to IT suppliers.
- A question was asked as to how we support pharmacists to deliver high quality consultations for the new cohort of patients; Alastair Buxton advised that the pilot should inform this and consideration can then be given to which organisation is best placed to develop relevant support materials. However, we also need to ensure that the service stays within the constraints of the NMS and that pharmacists do not start providing more than the requirements of the service, e.g. getting involved in therapeutic conversations with patients.
- Clare Kerr confirmed that the reason why an April 2023 start date had been suggested by the NT was to ensure we had time to learn from the pilot and not rush to start providing the service.
- Jas Heer advised that the new cohort could have a very large impact on the volume of NMS consultations, so as well as the fee for the additional consultation needing to be agreed, discussions will also be held on the cap on the number of NMS which can be provided by contractors.
- It was highlighted that the proposed start date for the new target group was not a mandatory start date for all contractors to start providing the service to the new target group. Therefore contractors could continue to offer the service to patients with other conditions covered by the service, and then add in patients who are prescribed antidepressants when they have completed the training and feel ready to do so.
- It was confirmed that agreement had been reached on the medicines that would be included in the pilot; these are SSRIs and the other two medicines as stated in the Source paper. Additional medicines could be considered in the future, but it was agreed this was the right approach to begin with.

Item 7 – Expansion of the CPCS

- 7.1 Alastair Buxton confirmed that there had been no changes since the issuing of the agenda.
- 7.2 The subcommittee were supportive of the development of this service, as proposed in the Source paper; the following points were made:
- There should be consideration given to having a formal review of some of the clinical services at some point to consider what is working well, what could be improved, etc. as well as how we get consistency between them, for example, being able to receive all referrals into one IT system.
 - With the introduction of provider pays for CPCS and other clinical services, it would be helpful to get a legal view on whether data can still be shared with the LPCs, as has previously been the case for contractors using PharmOutcomes, so LPCs can continue to access data and therefore offer support to contractors on service delivery.
 - The point was made that some contractors do not want support from LPCs on service delivery and it was important to recognise the varying views across the sector.

Item 8 – Contraception Management Service

- 8.1 Alastair Buxton provided a brief introduction to the paper and highlighted that the point had been made in negotiations, that it would not be acceptable to introduce another new service without having the IT in place to support the service from its launch.
- 8.2 The subcommittee were very supportive of the introduction of this service; the following points were made:
- This could be a game changer for the sector and again there could be huge political gain from this service; however, we need to be wary of the increased workload that this could bring to pharmacies and ensure that they have the capacity to deliver especially around pinch points for the sector, for example, start of the Flu Vaccination Service and Christmas.
 - Concern was raised over the training requirements to provide the service. Alastair Buxton explained that the principle being applied was for the level of training to be comparable with that required of other healthcare professionals, mainly practice nurses, who would provide a similar service.
 - Clare Kerr highlighted that the set-up costs for the service still needed to be agreed in the clinical service fee setting Working Group so the workload will be considered/covered in a set-up fee.
 - It will be important to provide this service to a high standard as we would be moving patients away from GP practices and this could result in a strong patient advocacy on the sector's ability to provide health services for women.
 - Concern was raised over NHSE&I's big bang approach to the announcement of new pharmacy services; contractors need to have time to get ready to deliver the service before public announcements are made.
 - The point was made that it is positive that pharmacists are able to identify patients suitable for the service as well as patients self-referring themselves to the service.
 - A comment was made about the length of time the consultations could take; Alastair Buxton provided insight from the experience of contractors in Birmingham providing the Umbrella service. Alastair Buxton also made the point that if/when the VAT issue is resolved, greater skill mix could be used to provide the service, for example, medicines counter assistants could weigh patients and take blood pressure measurements, therefore reducing the length of time that a pharmacist is engaged in a consultation.

Item 9 – Revised Support for self-care Essential service

- 9.1 Alastair Buxton provided a brief summary on the discussions from the Working Group meetings that had been held.
- 9.2 DHSC has advised that they have now had confirmation from former colleagues that what PSNC had advised on how the Support for self-care Essential service was costed in 2005 (the employment of one member of support staff) was correct.
- 9.3 From the meetings, it was felt that there was a degree of sympathy with the case that was being made by PSNC, but the question is whether there is any extra money to support this.

Item 10 – Pharmacy technician provision of services

- 10.1 The subcommittee had no concerns over the inclusion of pharmacy technicians to be able to offer the CPCF services set out in the Source paper.
- 10.2 The point had been made to NHSE&I that there are not many pharmacy technicians employed in the sector, and those that are, are not necessarily focused on service provision, so this is unlikely to have a significant impact. However, it could make the sector a more appealing option for pharmacy technicians.
- 10.3 If the VAT change is agreed regarding pharmacist supervision of support staff, a much wider application of skill mix could be used in many of the clinical services, but the NHS would also want to review the service fees to reflect this.

Item 11 – Pharmacy Quality Scheme 2022/23

- 11.1 Alastair Buxton talked the subcommittee through the agreed position that had been reached on the 2022/23 Pharmacy Quality Scheme the previous afternoon.
- 11.2 Alastair Buxton advised that a costing exercise had been conducted comparing the 2021/22 Scheme with the agreed position on the 2022/23 Scheme.
- 11.3 The subcommittee had no concerns over what had been agreed for the 2022/23 Scheme, but the following points were made:
- Concern was raised over the PHE portal, which had been used in the 2021/22 Scheme and whether this was fit for purpose; it was thought that the use of MYS would be more acceptable for the 2022/23 Scheme and this had already been communicated to NHSE&I.
 - Clarification was sought on whether there would be no PCN Lead element included in the 2022/23 Scheme and a discussion was held on the pros and cons of this. The NT would consider this further, but their starting point had been to avoid a role for PCN Leads, in line with previous Committee discussions and the feedback received from LPCs on the challenges with recruitment and supporting PCN Leads.
- 11.4 Rosie Taylor highlighted that a discussion had been held on allowing contractors to amend their declaration within the declaration period if they make a mistake on their declaration.

Item 12 – Future clinical services development

- 12.1 Alastair Buxton highlighted that the discussions had been positive and it had allowed for a good discussion on the use of independent prescribers in the sector.

Item 13 – Any other business

- 13.1 Rosie Taylor advised that the Office for Health Improvement and Disparities has a [consultation](#) open on how to improve the vitamin D status of the population in England; the Services Team will be responding to the consultation.

- 13.2 A concern was raised over the lateness of the publication of the NHSBSA's anticoagulant audit data, related to PQS, as this did not provide contractors much time to act if necessary. Rosie Taylor explained that there was originally no plan to publish this data, but it was made available due to a last-minute request from an LPC. Consideration will be given to timeframes for publishing such data for the 2022/23 Scheme.
- 13.3 A question was asked about whether discussions had started on the funding for the 2022/23 Flu Vaccination Service; Alastair Buxton advised that these conversations occur outside of the CCPF negotiations and they will be undertaken closer to the summer.

Subject	Availability of data on CPCF services
Date of meeting	18th May 2022
Committee/Subcommittee	SDS
Status	Public
Overview	This paper provides an overview of data available regarding the provision of CPCF services.
Proposed action	None.
Author of the paper	Rosie Taylor and David Onuoha

Introduction

Following discussions with LPCs regarding the data available to support reviews of service provision as part of the Community Pharmacy Contractual Framework, the Services Team have drafted a summary table, set out below, to highlight the current sources of data on services.

Discussions will be undertaken with a group of volunteer LPC Chief Officers to explore what other data may be available to LPCs at a local level and to identify other data which would be useful for LPCs and contractors to support the optimal provision of services.

Availability of data on CPCF services

Service	Registration data – available nationally?	API available?	Activity/claim data – available nationally?	Shows data at what level?	Other data – potentially available locally
Essential services					
Discharge Medicines Service	N/A as this is an Essential service	In progress	NHSBSA DMS reports – updated monthly	National, STP and contractor level	<ul style="list-style-type: none"> Hospital Trust level referral data PharmOutcomes
			PSNC clinical services dashboard – updated quarterly	National, LPC and contractor level	
Advanced services					
Appliance Use Reviews	Not available nationally – notification forms sent to regional NHSE&I team; however, an estimate can be taken from looking at who is making a claim for the service using the claim data	N/A as contractors only need to report minimum information to make a claim	NHSBSA Dispensing Contractors' data* – updated monthly	National, STP and contractor level	
			PSNC clinical services dashboard – updated quarterly	National, LPC and contractor level	
Community Pharmacist Consultation Service	Yes, PSNC can request this from NHSBSA on an ad hoc basis; however, an estimate can also be made from looking at who is making a claim for the service using the claim data	In progress	NHSBSA Dispensing Contractors' data* – updated monthly	National, STP and contractor level	GP CPCS Weekly Summary Dashboard – updated monthly (National and Regional Data only)
			PSNC clinical services dashboard – updated quarterly	National, LPC and contractor level	
			Future NHS Platform – CPCS Dashboard - updated monthly	National, Regional, CCG, LPC and contractor level	
Flu Vaccination Service	N/A – do not need to register to provide the service	Yes	psnc.org.uk/flustats – updated daily (when data is available) during the service period	National level (only includes data from PharmOutcomes and Sonar so total number of vaccines administered may be higher)	<ul style="list-style-type: none"> PharmOutcomes Sonar Health flu data
			NHSBSA Advanced Service Flu report – usually available	National and STP level	

Service	Registration data – available nationally?	API available?	Activity/claim data – available nationally?	Shows data at what level?	Other data – potentially available locally
			a couple of months after the service has finished on 31st March		
Hepatitis C Testing Service	Yes, PSNC can request this from NHSBSA on an ad hoc basis; however, an estimate can also be made from looking at who is making a claim for the service using the claim data	N/A as contractors only need to report minimum information to make a claim	NHSBSA Dispensing Contractors' data* – updated monthly	National, STP and contractor level	
			PSNC clinical services dashboard – updated quarterly	National, LPC and contractor level	
Hypertension Case-Finding Service	Yes, this is added to the LPC Members' area of the PSNC website on approximately a weekly basis	In progress	NHSBSA Dispensing Contractors' data* – updated monthly	National, STP and contractor level	
			PSNC clinical services dashboard – updated quarterly	National, LPC and contractor level	
New Medicine Service	No, not available nationally – notification forms sent to regional NHSE&I team; however, an estimate can also be made from looking at who is making a claim for the service using the claim data	In progress	NHSBSA Dispensing Contractors' data* – updated monthly	National, STP and contractor level	
			PSNC clinical services dashboard – updated quarterly	National, LPC and contractor level	
Smoking Cessation Service	Yes, this is added to the LPC Members' area of the PSNC website on approximately a weekly basis	In progress	No data available yet as service only started on 10th March 2022 – likely to be June/July 2022 when this data starts to become available	To be confirmed	
Stoma Appliance Customisation	No, not available nationally – notification forms sent to regional NHSE&I team; however, an estimate can also be made from looking at who is making a claim for the service using the claim data	N/A as contractors do not need to submit any data for this service	NHSBSA Dispensing Contractors' data* – updated monthly	National, STP and contractor level	
			PSNC clinical services dashboard – updated quarterly	National, LPC and contractor level	

Service	Registration data – available nationally?	API available?	Activity/claim data – available nationally?	Shows data at what level?	Other data – potentially available locally
Pharmacy Quality Scheme					
Pharmacy Quality Scheme	N/A	N/A contractors are required to complete an annual declaration rather than a monthly claim	NHSBSA PQS hub page – usually available after the PQS payment has been made (usually this is made on a yearly basis on 1st April)	National and contractor level	PharmOutcomes may give an indication of how many contractors have certain quality criterion if contractors have chosen to use this to track their progress

Subject	Update on NHS IT workstreams
Date of meeting	18th May 2022
Committee/Subcommittee	SDS
Status	Public
Overview	<p>This report provides an update on the following NHS IT topics:</p> <ul style="list-style-type: none"> • Structural plans for NHS organisations' working on pharmacy IT; • NHSmail Virtual Visits; • Electronic Prescription Service (EPS) next generation; • Real-time exemption checking (RTEC); • NHS Profile Manager; • NHS IT Booking and Referral Standards (BaRS); • Data Security and Protection Toolkit ('Toolkit') (2021/22); • Pharmacy lists data; and • Shared Care Record (ShCR). <p>Additional topics and detail are included within the Community Pharmacy IT Group (CP ITG) papers.</p>
Proposed action	None
Author of the paper	Daniel Ah-Thion

Structural plans for NHS organisations' working on pharmacy IT

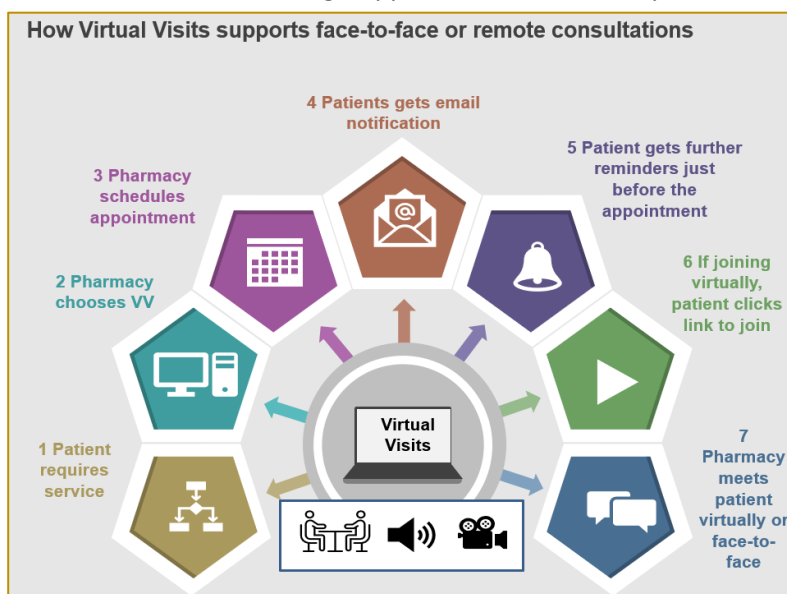
NHS England and NHS Improvement (NHSE&I), NHS Digital and NHSX increased their collaborative working on digital matters at the start of the pandemic. It was announced at the end of 2021 that NHS Digital, NHS Transformation Directorate (formerly NHSX) and Health Education England would be absorbed into NHSE&I as part of plans to develop the workforce and improve technology across the NHS. It is anticipated that the NHS Transformation Directorate will become the digital strategy directorate within NHSE&I and NHS Digital will become the NHSE&I Chief Information Officer's directorate. PSNC is continuing to feed into the NHS Transformation Directorate and NHS Digital teams working on pharmacy IT projects.

NHSmail Virtual Visits

The [Virtual Visits tool](#) provides pharmacy contractors with an appointments system so that pharmacy teams can notify patients of upcoming consultations and better manage appointments. Pharmacy teams can also use the Virtual Visits tool to conduct face to face or virtual patient consultations (audio or video).

The tool works in conjunction with NHSmail, Microsoft Teams and the Microsoft Booking platform. To participate in the pilot, contractors must have: an active personal NHSmail account; access to a shared NHSmail inbox; MS Teams installed on a computer or tablet; and a computer or device with a webcam.

The NHSmail team previously provided a demo of the tool to PSNC and CP ITG representatives. Several contractors amongst the small alpha pilot group have now begun to successfully use and pilot Virtual Visits. Further piloting will start from mid-June 2022. Pharmacy contractors who are not already participating in the pilot are [encouraged to take part](#) by [completing the volunteer form](#).



EPS next generation

The CP ITG had identified a series of improvements it would like added to EPS and has communicated these publicly and to NHSE&I, NHS Digital and the NHS Transformation Directorate ([CP ITG's views on the next generation of EPS](#)). The NHS Transformation Directorate and NHS Digital secured funding for a 2022-23 EPS Next generation work plan, which includes progressing first-of-type work for EPS to be used in hospital outpatient departments and with homecare suppliers. The 2023-24 proposed work plan currently includes: identification of further features; building new features; and ideally working with system suppliers to begin decommissioning some older EPS technology (HL7) by 2024. These large changes to the EPS foundations would enable future enhancements to be introduced more easily. Past changes have been challenging to introduce, e.g. technical challenges added to a four-year delay with the addition of Controlled Drugs into EPS. PSNC and NHS Digital are now meeting regularly to support the EPS Next Generation developments.

Real Time Exemption Checking (RTEC)

The NHS Business Services Authority (NHSBSA) continues to lead the RTEC project. The CP ITG and PSNC have been supportive of continued roll-out. Read more on RTEC, its phases and the continued piloting of Department for Work and Pensions (DWP) RTEC at: [RTEC](#). Feedback from RTEC users has continued to be excellent.

[Pharmacy contractors continue to be encouraged to register for RTEC](#). Contractors that are already using RTEC should also confirm their acceptance of the user agreement if they have not already done so. As of May 2022, the vast majority of contractors have already done so. At present RTEC Phase One has rolled out to over 75% of pharmacy contractors and the Phase 2 RTEC has been rolled out to around several thousand pharmacies with many more pharmacies expected to receive the functionality across the 2022 calendar year. The rollout is reliant upon PMR work to implement, test and rollout the functionality for their users.

NHS Profile Manager

Currently, community pharmacy contractors use two different NHS systems to ensure their pharmacy details are up to date in the Directory of Services (DoS) and on the NHS website: the DoS Profile Updater and the NHS website profile editor. A new tool, [NHS Profile Manager](#), requested by PSNC, has been in the works for much of the past 9 months and is scheduled to replace both the DoS Profile Updater and the NHS website profile editor shortly. PSNC is working with the project team and the steering groups to ensure pharmacy input is considered throughout the tool's development. We are also pressing for additional enhancements post release, e.g. notification reminders, ability to change trading name and bulk features.

NHS IT Booking and Referral Standards (BaRS)

The BaRS is an interoperability standard for healthcare IT systems that enables booking and referral information to be sent between NHS service providers quickly, safely and in a format that is useful to clinicians. NHS Digital intend for it to eventually be available in all care settings. NHSE&I is proposing an initial pharmacy use case is referrals from NHS 111 to community pharmacy, with other pharmacy use cases being included over time. The BaRS team are working with PSNC, the CP ITG and suppliers to further explore the future use of BaRS within the pharmacy sector.

Data Security and Protection Toolkit 2021/22

NHS Digital has updated its Data Security and Protection Toolkit which all NHS providers which access NHS IT systems, including pharmacy contractors, will have to continue to complete on an annual basis (the upcoming deadline is 30th June 2022). PSNC has worked with NHS Digital to keep the workload manageable and publish [new templates, new question-by-question guidance and further supportive documentation](#). The toolkit to be completed by pharmacy contractors has been customised for pharmacy contractors for the first time with bespoke pharmacy 'tips and links' embedded within the toolkit itself. PSNC will be holding several events on the new toolkit: a supplier workshop, an event for the pharmacy data security group and a [webinar](#) on 24th May 2022 for pharmacy contractors.

NHS pharmacy lists data

A host of organisations (e.g. NHSBSA, NHS Digital and NHSE&I) manage multiple, separate lists of

pharmacies and these lists do not sufficiently align with each other or contain as much information as would be helpful. We have been meeting frequently with these organisations to further an initiative to start to rationalise central lists of pharmacy data used within NHS systems and datasets. Some of this work is expected to continue during the coming months. We are working with NHSBSA, NHS Digital and NHSE&I to improve the flows of data regarding new and change of ownership of pharmacies. Some improvements have been implemented already. A long-term consequence of improved data about the current list of pharmacy contractors is also that PSNC's data about pharmacy contractors will be improved.

Shared Care Record update

Shared Care Records (ShCR), formerly 'Local health and shared care records', are patients' electronic health records. ShCRs include information from multiple care settings, e.g. GP practice and secondary care. The majority of English patients live within an area with a records project ongoing. Shared care records are emerging across the country and the IT has been maturing so that over time more health and care professionals can access these. LPCs and/or local contractors can continue to take steps to gain pharmacy access such as:

- identifying the ShCR project team from the [List of records systems](#) (recently updated);
- learning about case studies such as [Dorset Care Record ShCR pharmacy access case study](#) and the [East London Patient Record \(eLPR\) pharmacy case study](#);
- contacting the ShCR project team and other local partners to find out how to get involved;
- using PSNC resources such as '[Planning pharmacy access briefing](#)' and [frequently updated ShCRs webpage](#); and
- reviewing the previous [PSNC/RPS ShCRs/SCR letter to NHS orgs about records access](#).

Next steps:

- PSNC will continue to work with the NHS Transformation Directorate and other relevant stakeholders on the actions set out within the [Shared Care Record \(ShCR/LHCR\) NHS Transformation Directorate and pharmacy outputs](#) document.
- Local Pharmaceutical Committees (LPCs), ShCR project teams and other parties supporting ShCR pharmacy deployment are encouraged to contact it@psnc.org.uk with technical ShCR information so that supplier and IT support helpdesks can whitelist several ShCR domains at the same time.

Additional IT updates

Additional topics and detail are included within CP ITG papers and [webpages](#).