

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 CPCF negotiations and they will be undertaken closer to the summer.