

PSNC Service Development Subcommittee Agenda
for the meeting to be held on 23rd November 2022
at DoubleTree by Hilton, 60 Pentonville Rd, London N1 9LA,
commencing at 1.15pm

Members: Fin McCaul (Chair), Reena Barai, Clare Kerr, Sunil Kochhar, Roger Nichols, Faisal Tuddy

1. Welcome from Chair
2. Apologies for absence
3. Conflicts or declarations of interest
4. Minutes of the last meeting (**Appendix SDS 01/11/2022**)
5. Actions and Matters Arising

Action

6. Draft workplan for 2023 (**Appendix SDS 02/11/2022**)
7. Standard additions to the Advanced service specifications (**Confidential Appendix SDS 03/11/2022**)
8. NHS Pharmacy Contraception Service (**Confidential Appendix SDS 04/11/2022**)
9. Hypertension Case-Finding Service (**Confidential Appendix SDS 05/11/2022**)
10. Flu Vaccination Programme (**Verbal update**)
11. COVID-19 antivirals (**Verbal update**)
12. Pharmacy Quality Scheme 2022/23 update (**Appendix SDS 06/11/2022**)
13. Development of APIs for clinical services (**Confidential Appendix SDS 07/11/2022**)
14. National health campaigns (**Verbal update**)
15. RPS/Marie Curie Daffodil Standards for PEoLC (**Appendix SDS 08/11/2022**)

Report

16. NHS Independent Prescribing Programme (**Confidential Appendix SDS 09/11/2022**)
17. Hepatitis C Testing Service (verbal update)

18. Women's Health Strategy for England ([Appendix 10/11/2022](#))
19. The House of Commons Health and Social Care Committee report on the future of general practice ([Appendix 11/11/22](#))
20. Early diagnosis of cancer pilot ([Confidential Appendix SDS 12/11/2022](#))
21. Any other business

Minutes of the PSNC Service Development Subcommittee meeting held on Wednesday 14th September 2022 on Zoom commencing at 11am

Present: Fin McCaul (Chair), Clare Kerr, Roger Nichols, Reena Barai, Faisal Tuddy

In attendance: Alastair Buxton, Rosie Taylor, David Onuoha, Stephen Thomas, Samantha Fisher, Marc Donovan, Bharat Patel, David Broome, Ghada Beal, Jay Patel, Umesh Patel, Rob Thomas, Marc Donovan, Suraj Shah, Mike Dent, Janet Morrison, Peter Cattee, Adrian Price, Niamh McMillan, Gary Warner, Anil Sharma, Tricia Kennerley, Sian Retallick, Ifti Khan

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 Sunil Kochhar.

Item 3 – Conflicts or declarations of interest

3.1 Reena Barai declared an interest in the Royal Pharmaceutical Society (RPS) vision for pharmacy as she is on the advisory board for the vision and is also on the advisory board for the UK Commission on Pharmacy Professional Leadership.

Item 4 – Minutes of the last meeting

4.1 The minutes of the subcommittee meeting held on 18th May 2022 were approved.

Item 5 – Actions and Matters arising

5.1 None.

Item 6 – Pharmacy Quality Scheme 2022/23 update

6.1 Rosie Taylor provided an update on the PQS 2022/23 as there had been several changes agreed since the agenda papers were published. The main points to note were:

- The scheme is now planned to start on 10th October 2022;
- Due to the delayed start date, there have been several changes to the scheme to reduce the workload for contractors as well as changes to the points allocation for each of the domains;
- An Aspiration payment is included as per previous schemes. At the moment, the declaration period for claiming for the Aspiration payment is planned to take place between 09:00 on 10th October and 23:59 on 4th November 2022 with the Aspiration payment being paid to contractors on 1st December 2022. However, if the start date of the scheme is moved back, then the date on which contractors will receive their Aspiration payment may change.

6.2 The subcommittee made the following points:

- The question was raised as to whether 10th October was achievable as a start date. Rosie Taylor advised that this is very dependent on the wider discussions on the Year 4/5 deal but that work is ongoing behind the scenes to finalise the Drug Tariff wording, NHS England PQS guidance and the development of PQS resources to ensure we are in the best position possible to give contractors as much notification and time as possible if a deal is agreed. Alastair Buxton

also commented that if the start date is pushed back further, then we would need to have more discussions as to whether there was the opportunity to extend the period in which contractors must complete the work or remove other criteria from the Scheme. Alastair Buxton also advised that DHSC colleagues are as keen as PSNC to get information on the Scheme published, even if just the outline information, before the Drug Tariff is published, to give contractors some advance notice.

- It was commented that it would be helpful to give contractors as much notice as possible.
- Concern was raised about how contractors would fit PQS in when they are already overloaded with other priorities and it was felt that this was going to be a challenge.
- It was felt that we should highlight the advance notice of the Year 5 PQS in our comms to contractors. Alastair Buxton explained that we will be working on Year 5 and finalising the Drug Tariff wording for Year 5 once Year 4 is 'finished' from an agreement point of view, so that the information on the Year 5 Scheme can be published as soon as possible.
- A question was also raised about whether the Ask for ANI and Safe Spaces were one or two schemes. Marc Donovan advised that Ask for ANI had transferred to Hestia, the charity that runs Safe Spaces, so effectively they have now brought the two schemes together - but they do offer two different support routes for survivors of domestic abuse. There are new posters which combine the two schemes.
- Several committee members raised concerns about the agreement of the Scheme when the sector is facing so many other pressures and that contractors need to consider what their limits are.
- A comment was made about the development of a national delivery and out of hours service to support palliative and end of life care patients. That was a matter that could be considered in due course, including developing resources to support LPCs to seek the commissioning of such services at a local level.

Item 7 – Contraception Management Service

7.1 Alastair Buxton provided a brief introduction to the paper and explained that the purpose of the discussion was not to cover the funding for the service (as this would be discussed in the Funding and Contract Subcommittee later in the day and in the plenary meeting the following day), but to provide feedback on the pilot service specification provided in the agenda papers, which would inform the drafting of the Advanced service specification. As noted in the agenda paper, some elements of the pilot service specification were specific to the pilot service or it being commissioned as an Enhanced service and they would therefore not be included in the Advanced service specification.

7.2 The subcommittee made the following points:

- Concern was raised about whether there was a need to offer the service throughout the opening hours of the pharmacy, as the pilot specification states 'The pharmacy contractor must ensure that the service is available throughout all NHS commissioned hours and ensure that all pharmacy staff involved in delivery of the service are appropriately trained and competent to do so.' At the previous SDS meeting there was a discussion about being able to offer the service on specific days so it was felt there was a contradiction. Alastair Buxton advised that, that had been a requirement for the pilot, but would not be a requirement in the service specification for the Advanced service.

- A comment was made that it would be helpful to also have sight of the Patient Group Direction to understand how many days of medicine the pharmacist would be expected to supply.
- A comment was made about the requirement to repeat training every two years but Alastair Buxton advised that, that would not be the case for the Advanced service. However, pharmacists would need to undertake update training if clinical advice, etc. changed.
- The question was raised as to whether SDS would get to see a copy of the final service specification for the Advanced service and Alastair Buxton confirmed that once a draft specification had been developed by NHSE and gone through an initial internal review by the services team, it would be shared with the subcommittee for their review.
- Concern was raised about the practicality of being able to offer the service as a walk-in service due to the current pressures and demand. Alastair Buxton advised that this would be a decision for the individual contractor as there will be the flexibility to only offer the service on an appointment basis if that is what would be best for them.
- A question was raised about whether there was an age restriction on who could be offered the service and whether pharmacists would be able to offer the service if a patient presents for emergency hormonal contraception. Alastair Buxton advised that an age range would be specified in the service specification and that Phase 2 would allow for this type of supply, although subject to the age of the patient and if they met the inclusion criteria of the specification.
- A question was asked as to whether you could offer a patient the service if they requested an emergency supply of their contraception. Alastair Buxton advised that this would be acceptable if the patient had been prescribed the medicine before via general practice or a sexual health clinic.
- The point was made about the increased volume of phone calls to the pharmacy that the service may generate and therefore the resulting increase in workload. Jay Patel shared that Day Lewis had been able to access data about the number of phone calls that their pharmacies had received in a week; across their 265 pharmacies, they had received 150,00 calls. Alastair Buxton said that it would be helpful if there was any data to show how phone calls had increased over a period as this would be useful to feed into the pressures data in wider negotiations and public affairs work.

Item 8 – 111 Online minor illness pathway

- 8.1 Alastair Buxton provided a brief introduction to the paper highlighting that this had been discussed in a previous NT meeting (16th August) so the Committee would have awareness of this from the minutes of the meeting; NHSE are keen to roll this out as soon as possible.
- 8.2 The subcommittee made various points, including:
- Concern was raised about the completion rate (patients who answered all the questions and agreed to a referral to a pharmacist) and the reasons for no shows. NHS Digital do not yet have any insight on the reasons for non-completion of referrals, but they are aware that some patients will re-complete online pathways until they get their 'preferred' disposition.
 - Concern was raised about digital exclusion; however, the point was made that referrals could still be made via the other CPCS routes for these patients.

- Again, concern was raised about capacity, and how much more contractors can take due to the significant pressures on the sector. This point was at the heart of the discussions the NT had had with DHSC and NHSE.

Item 9 – HEE Clinical Skills Training

9.1 Alastair Buxton provided a brief introduction to the paper. The key feedback already provided to HEE was the very short timelines for the rollout of this training during 2022/23 and that the point at which this would happen would be the busiest time of the year for contractors and their teams. A short discussion was held around this being an opportunity for those pharmacists who were not able to complete the training previously, now being another opportunity to complete the core CPCS consultation skills training and additional clinical content.

Item 10 – RPS vision for pharmacy

10.1 Alastair Buxton provided a brief introduction to the paper and asked for comments on the broad constructs of the vision, including whether anyone disagreed with anything stated in it, thought there were gaps from a community pharmacy perspective, could identify any additional themes that should be included or any barriers or enablers that were missing.

10.2 Points were made by the subcommittee and Alastair Buxton advised that he would share PSNC's draft response with the SDS subcommittee as well as Jay Patel and Sian Retallick, who had been particularly engaged in the discussions, for further comments. However, if anyone else would like to be involved in the review process, to either let himself or Rosie Taylor know.

Item 11 – Smoking Cessation Service update

11.1 Alastair Buxton provided a brief introduction to the paper and highlighted that the maternity pilot is different to the extant Advanced service, as support is offered to the pregnant person as well as members of their household who smoke. He advised that the pilot is being run at Nottingham University Hospital.

11.2 Points raised by the subcommittee included:

- A comment was made in relation to the extant service that it is frustrating to be ready to provide the service, but that there are no referrals until the hospital starts implementing the service and the question was asked as to whether NHSE is providing any support to promote and encourage uptake of the service to hospitals. Alastair Buxton confirmed that support was being provided by a range of new posts within ICBs and the regions, and a similar level of support is available for encouraging participation in the Discharge Medicines Service.
- A question was raised about the availability of activity data on the service. It was believed that this was not currently being published, however, from discussions with NHSE colleagues, the volume of referrals is low.
- A comment was made about having a trained workforce on smoking cessation and could the sector use this in discussions with local authorities to try to get more local services commissioned.
- A question was asked as to whether pharmacy technicians can deliver the service. Alastair Buxton advised that pharmacy technicians are not currently able to provide the service, but as part of the Year 4/5 agreement, they will be able to offer the service and the Hypertension case-finding service. Work is still ongoing with DHSC, HM Revenue and Customs and HM Treasury to see if changes to the VAT rules can be agreed, which would then allow discussions to be held on whether other members of the pharmacy team could provide these services.

Item 12 – IT update

- 12.1 Alastair Buxton provided a brief introduction to the papers and reminded the Committee that as well as receiving the papers for the Community Pharmacy IT Group (CP ITG), they are also welcome to attend the meetings as observers.
- 12.2 Feedback was sought on the potential to undertake a pilot of the use of the NHS electronic referral service (eRS) in community pharmacy. This would provide another way to refer patients to and from pharmacies, and it is the system used by GPs to refer patients to secondary care.
- 12.3 It was noted the Booking and Referrals Standards (BaRS), which were being developed by NHS Digital were a key future development area for all IT systems and community pharmacy was a priority in several of the use cases currently being considered by the BaRS team:
- NHS 111 - Community pharmacy
 - NHS 111 - Urgent dental care (UDC)
 - NHS 111 - Urgent treatment centre (UTC)
 - NHS 111 - Out-of-Hours (OOH)/Integrated urgent care treatment (IUCT)
 - 999 Ambulance Service Trust (AST) - Community pharmacy
 - 999 AST - UDC
 - 999 AST - UTC
 - 999 AST - OOH/IUCT
 - GP - Community pharmacy
 - Online Consultation - Community pharmacy

This level of prioritisation reflected well on the work of Dan Ah-Thion, the CP ITG, system suppliers and NHS England's pharmacy team, who had all worked hard to influence NHS Digital. It also reflected the priority on which the NHS was now placing on referrals being made to and from community pharmacies. Further information on BaRS can be found at: <https://digital.nhs.uk/services/booking-and-referral-standard#about-bars>

- 12.4 There was some support for a pilot of eRS, but it was also noted that many contractors would prefer to have fewer IT systems to use within the pharmacy, so using BaRS in existing systems was a priority area for development.

Item 13 – Health campaign topics for 2022/23

- 13.1 Rosie Taylor provided an update on the health campaign topics for 2022/23.
- 13.2 The subcommittee was asked for their thoughts on digital-only campaigns being the only option in the future and the following points were made:
- A question was asked around funding for screens for pharmacies to display the campaign messages. Rosie Taylor advised that point had been made to NHSE and that the funding would need to come from outside of the global sum.
 - Concern was raised over the quality of posters that could be produced by pharmacies, as most only have monochrome printers, as well as the cost of printing.
 - The point was made that some contractors have websites that are UK-wide so it could be confusing to promote a campaign on their websites when this was an England-only campaign.
 - Comments were made about whether instead of leaflets, paper pharmacy bags could be used to display the campaign message or compostable pouches (that are being used in Sian

Retallick's pharmacy for handing out medicines).

Item 14 – PSNC submission to the NHS England vaccination review

- 14.1 Alastair Buxton provided a summary of the paper and highlighted that he needed to submit a response by early next week, therefore he was looking for views on whether anybody disagreed with the points included in the draft response or had further points that could be included.
- 14.2 All members were asked to review the document over the next few days and provide feedback to Alastair Buxton.

Item 15 – National data on Advanced services and the Pharmacy Quality Scheme 2021/22

- 15.1 Rosie Taylor provided a summary of the resources and asked for feedback on these or for thoughts on any other similar resources that could be produced.
- 15.2 Overall, feedback was positive, but the following points were made:
 - Concern was raised that the infographic only shows the number of contractors who have engaged with the different elements of PQS, rather than patient outcomes, for example, the number of patients supplied with personalised asthma action plans. Rosie Taylor explained that unfortunately, the only data that we have access to is the declaration data. In the past NHSE has published infographics to demonstrate the outcomes, but they have not done this since 2019. Therefore, it was felt that it would be good to highlight the information available from the published declaration data as a starting point.
 - A comment was made about the wording on the PQS infographic for the anticoagulant audit and that this could be changed to demonstrate that patients' anticoagulant regimens had been checked rather than the audit having been carried out. Rosie Taylor advised she would review this.
 - A discussion was held around getting patient feedback on services or feedback from pharmacy colleagues about how they felt after having completed training/offered a service.

Item 16 – Updated resources for the electronic Repeat Dispensing service

- 16.1 Alastair Buxton advised that Dan Ah-Thion and Rosie Taylor had refreshed the electronic Repeat Dispensing content and resources on the website.
- 16.2 Committee members were asked to provide any feedback on the resources to Alastair Buxton.

Item 17 – Flu Vaccination Service

- 17.1 David Onuoha provided a summary of the paper and asked for feedback on the changes to the service and resources published.
- 17.2 A question was asked about if there were any plans for a service to allow pharmacies to administer the childhood flu vaccination. David Onuoha advised that consideration had been given to developing a local commissioning toolkit on this, to support LPCs getting a service commissioned locally; however, there had not yet been team capacity to work on this topic.

Item 18 – Any other business

- 18.1 Sian Retallick raised concerns around the NHS app. Further discussions were held around the NHS app, and it was agreed that they should be raised with Dan Ah-Thion.

Subject	Draft workplan for 2023
Date of meeting	23rd November 2022
Committee/Subcommittee	SDS
Status	Public
Overview	This draft workplan forms part of the wider workplan for PSNC and covers the elements of activity which will be undertaken by the Services Team.
Proposed action	Review the draft workplan and provide comments on it.
Author of the paper	Alastair Buxton

Introduction

This draft workplan forms part of the wider plan and priorities for PSNC in 2023/24 (set out in the RDF agenda) and covers the elements of activity which will be undertaken by the Services Team.

The workplan aims to reflect the major areas of work for the team in the year ahead, rather than picking up on all individual elements of work which will be undertaken, including some of the business as usual activities.

Workplan 2023/24			
Services team			
Objective 1: Negotiating with Government and NHS England to secure the best possible contractual terms and remuneration for NHS services			
1.1	Supporting the further development of the Walk-in service proposals	Ongoing	AB/team
1.2	Conclude negotiations on the Year 4 and 5 services and develop support materials for contractors and LPCs	Sept 2022 – Dec 2023	AB/team
1.3	Conclude negotiations on the Year 5 PQS and develop support materials for contractors and LPCs	Nov 2022 – May 2023	RT/AB
1.4	Agreement of standard additions and review of all Advanced service specifications	Nov 2022 – July 2023	AB/RT/DO
Objective 2: Laying the groundwork for the next CPCF			
2.1	Reviewing and analysing the responses to the first Vision consultation	Nov 2022 – Jan 2023	AB/team
2.2	Facilitating the PSNC vision working groups (Services; Digital & Technology; Workforce)	Nov 2022 – May 2023	AB/team
2.3	Supporting PSNC's wider work on the vision and strategy	Nov 2022 – Jun 2021	AB/team
Objective 3: Developing PSNC's Vision and Strategy			
3.1	As 2.3 above	Nov 2022 – Jun 2021	AB/team
Objective 6: Representing community pharmacy's interests with Government and the NHS across a broad range of issues from the development of services, to regulatory and legislative issues			
6.1	Annual services negotiations (flu vac, health campaigns, clinical audit) and monitoring service delivery including Flu and COVID-19 vaccinations	Ongoing	AB/team
6.2	Monitoring the development of NHS England service pilots and the roll-out of Year 4 and 5 services and PQS	Ongoing	AB/team
6.3	Support LPCs to develop and share learning from local commissioning of community pharmacy services, including through maintaining the services database and case studies	Ongoing	CU/DO
6.4	Development of commissioning toolkits for use by LPCs (identification of atrial fibrillation; stop smoking; pneumococcal and childhood flu vaccination; NHS Health Checks – subject to team capacity)	Nov 2022 – Mar 2024	DO/RT/CU

6.5	Supporting and monitoring the delivery of IT and digital infrastructure and interoperability, through work with NHS England, NHSBSA, NHS Digital and IT system suppliers, including the following priorities: <ul style="list-style-type: none"> • Access to patient information, e.g. Shared care records and GP Connect • IT standards and APIs, particularly the PRSB community pharmacy standard, the Bookings and Referrals Standard, and MYS APIs • EPS enhancements, including next generation EPS API • New approaches to user authentication • Supporting IT system suppliers, through the provision of advice and regular updates on NHS IT developments and CPCF matters 	Ongoing	DAT
6.6	Supporting the operation of the Community Pharmacy IT Group and leading its workstreams, working with partners	Ongoing	DAT
Objective 7: Supporting the effective governance of PSNC and its support to contractors and LPCs			
7.1	Provide regular updates and communications to LPCs and contractors on key contractual and IT developments	Ongoing	AB/team
7.2	Provide ongoing advice and support to contractors on all matters related to their dealings with the CPCF, community pharmacy IT, the NHS and other service commissioners	Ongoing	AB/team

Subcommittee action

The subcommittee is asked to review the draft workplan and suggest any amendments or additions.

Subject	Pharmacy Quality Scheme 2022/23 update
Date of meeting	23rd November 2022
Committee/Subcommittee	SDS
Status	Public
Overview	This paper provides an update on ongoing work on the PQS 2022/23.
Proposed action	Provide feedback on the PSNC PQS resources and on the current content of the NHS England PQS 2022/23 guidance.
Author of the paper	Rosie Taylor

Introduction

The Pharmacy Quality Scheme (PQS) 2022/23 officially started on 10th October 2022, with the Drug Tariff Determination being published on 5th October 2022. All the planned PSNC resources to support community pharmacy contractors with meeting the requirements of the Scheme have been published but there is still some ongoing work that the Services Team is involved in for the 2022/23 Scheme.

Summary of support materials published for PQS 2022/23

The following resources have been published to support contractors with the 2022/23 PQS:

- [PSNC PQS 2022/23 Action and Evidence Portfolio Workbook](#) – this contains questions (based on what contractors are required to declare) for pharmacy teams to answer to see if they are meeting the requirements of the gateway/domains. The Workbook also provides contractors with examples of suggested evidence that they can use to confirm they have the necessary evidence required by the end of 31st March 2023.
- [PSNC PQS 2022/23 Digital guide](#) – this 30-minute digital guide talks contractors, pharmacy teams and Local Pharmaceutical Committees through the requirements of the Scheme.
- [PSNC PQS Digital Guide 2022/23 Slide Deck \(PowerPoint\)](#)
- [PSNC Briefing 031/22: Pharmacy Quality Scheme – Summary of the training requirements for the 2022/23 Scheme](#) – this provides a summary of the training requirements which are included in the 2022/23 Pharmacy Quality Scheme.
- [PSNC Briefing 033/22: Pharmacy Quality Scheme – Important dates for the diary](#) – this provides a list of the important dates for the PQS 2022/23.
- [PSNC Briefing 037/22: CPCF services, PQS and Terms of Service – Important dates and checklist](#) – this provides a checklist of important dates for the Community Pharmacy Contractual Framework (CPCF) which relate to services. It also highlights important dates for the 2022/23 PQS and Terms of Service requirements, as well as dates when relevant news stories have been published which highlight resources for these services/requirements.
- [PQS 2022/23 checklist](#)
- [Action plan template](#) – to support the creation of any action plans required to meet the requirements of any PQS criteria.
- [Data collection form](#) – can be used to collect the required data for the different criteria.
- [Patient safety report: Completing the patient safety report](#) – PSNC has worked with the Community Pharmacy Patient Safety Group to produce this resource, which provides contractors with information on what they need to do to meet the patient safety report gateway criterion, as well as worked examples of a monthly and annual patient safety report template.
- [Monthly patient safety report template](#)
- [Patient safety report template](#)
- [PSNC Briefing 030/22: Reducing the climate change impact of inhalers: environmentally safe disposal](#) – can be used as a training resource to meet the requirement for all patient-facing pharmacy staff to have been trained on the reasons why used, unwanted and expired inhalers should be returned to the pharmacy for safe disposal and the adverse effects on the environment when inhalers are disposed of in domestic waste.
- [PSNC Briefing 032/22: Pharmacy Quality Scheme – Asthma referrals](#) – this provides contractors with guidance for the 2022/23 Pharmacy Quality Scheme (PQS) on meeting the following criteria, which are part of the Respiratory domain: use of a spacer in patients aged 5-15 years; Personalised Asthma Action Plans (PAAPs); and referrals for patients using three or more short-acting bronchodilator inhalers without a corticosteroid inhaler in six months.
- [PSNC patient briefing aid on inhaler disposal](#) – this resource can be used when speaking with patients, their carer or representatives, who have been dispensed an inhaler, about returning all unwanted and used inhaler devices to a pharmacy for safe and environmentally friendly disposal.
- [PSNC Briefing for general practice teams – changes to the NHS community pharmacy contract in 2022/23](#)

- [Risk review templates: Risk management and safeguarding domain \(sepsis, over the counter consultations and COVID-19\)](#) – can be used to complete the risk review part of the risk review update criterion.
- [Risk review template: Prevention domain \(risk review for minimising the risk of missing suspected cancer symptoms\)](#) – can be used to complete the risk review part of the cancer awareness criterion.
- [Small flyers – Inhaler disposal](#) – this resource can be attached to a prescription bag containing inhalers to prompt staff to speak to patients or their representatives about the environmental benefits of them returning all unwanted and used inhaler devices to a community pharmacy for safe and environmentally friendly disposal. It can also act as a reminder for patients when they get home about returning inhalers to a pharmacy. However, it is important to note that the PQS criterion requires pharmacy teams to have a **verbal conversation** with patients, carers or representatives; these flyers do not replace the need to have this conversation, but they can be used to supplement the discussions.
- [Training record sheet](#) – can be used to capture the details of staff that have completed required training.

Additionally, the PSNC PQS hub page and the PQS FAQs page on the PSNC website have been updated for the 2022/23 Scheme.

NHS England PQS guidance

Rosie Taylor has met with NHS England to review the NHS England PQS guidance and the value of the current content. When the Quality Payments Scheme (the former name for PQS) started in 2016/17, the NHS England guidance was the ‘go-to-place’ for how to meet the requirements of the Scheme. However, as the Scheme has developed over the years, more information has been included in the Drug Tariff, more resources have been produced by PSNC and this has led to us questioning the value of the content of the NHS England guidance in its current lengthy format (usually this is around 50-60 pages long) and whether anyone is now reading it. Most of the information in the guidance is duplicated information from the Drug Tariff.

NHS England is still keen to produce guidance, but they have agreed to take feedback as to whether changes should be made to the content of the guidance.

Declaration questions

The PQS 2022/23 declaration questions are currently being reviewed with NHS England and the NHSBSA, so these are ready to be added to MYS. The NHSBSA is planning on publishing the declaration questions, as normal, on their website ahead of the PQS declaration opening on Monday 6th February 2023.

Year 5 scheme

Work is underway to draft the Drug Tariff wording for the Year 5 scheme, with the aim being to agree this and to get it published as soon as possible.

Subcommittee action

The subcommittee are asked to review the list of PSNC resources to see if they have any feedback on these and to provide feedback on the content and format of the NHS England PQS 2022/23 guidance.

Subject	RPS / Marie Curie Daffodil Standards for PEoLC
Date of meeting	23rd November 2022
Committee/Subcommittee	SDS
Status	Public
Overview	<p>The RPS has published a set of draft standards for community pharmacy related to the provision of palliative and end of life care (PEoLC). They are seeking responses to a consultation on the draft standards.</p> <p>https://www.rpharms.com/resources/frameworks/daffodil-standards-consultation</p>
Proposed action	Provide feedback on the draft standards to inform the drafting of a PSNC response to the consultation.
Author of the paper	RPS

Subject	Women's Health Strategy for England
Date of meeting	23rd November 2022
Committee/Subcommittee	SDS
Status	Public
Overview	<p>The Government's Women's Health Strategy for England was published during the summer.</p> <p>This paper provides a summary of the key points of relevance to community pharmacy.</p>
Proposed action	None at this meeting, but the topic may be considered further at a future meeting
Author of the paper	Clare Kerr

Summary of the Women's Health Strategy

Background and Summary

The highly anticipated [Women's Health Strategy for England](#) was published this summer. This follows a consultation launched by DHSC in 2021 to develop and design more targeted health policies based on the needs, outcomes and lived experiences of women over the next 10 years.

The call for evidence received over 100,000 responses from individuals, women's groups, and other healthcare organisations.

Taking a 'life-cycle' approach to women's health, the Strategy identifies ongoing work and future priority areas across eight themes, including menstrual health, fertility, mental health and menopause. It encourages policymaking and action on these life stages as opposed to isolated conditions or issues.

The Strategy is strongly supportive of expanding women's health hubs and 'one-stop clinics' to deliver quality care to women. There is also support for greater co-commissioning to deliver integrated healthcare at a local level, "particularly regarding contraception".

It considers the gap in data and evidence gathered from research and clinical trials, since there has historically been a "male as default" approach to health. Removing bias will improve health data collection and introduce better digital technologies specific to women's health needs (e.g. fertility solutions, women's sexual wellness etc).

Key References to Community Pharmacy

The Strategy references current areas and future priorities across women's health where community pharmacy delivers or has potential:

Current Impact

- Progesterone-only contraceptive pill available OTC in pharmacies since 2021
- The Strategy notes that the GPhC has flagged sodium valproate risks for pregnant women.
- Notes that pharmacies offer NMS to support women with their epilepsy medication.
- On menopause and gynaecological health, the Strategy highlights MHRA activity in the reclassification of Gina 10mg tablets, and a consultation looking into a POM to P reclassification for Aquiette 2.5mg.
- Ask for ANI scheme launched in pharmacies.
- References blood pressure check service which creates wider access to monitoring.

Future Priorities and Action

- NHS Community Pharmacy Contraception Management Service pilot.
- Further work such as best practice guidance to support GPs and pharmacies to better support socially excluded women (such as those experiencing homelessness).
- The Strategy suggests that some organisations, including those in the pharmacy sector, have called for better guidance to provide women with unbiased information about different types of contraception.
- There is also reference to how DHSC and partners working on women's health propose to enable community pharmacy to offer a "wide range of services".

- NHS England working with Wellbeing of Women to develop an awareness raising package among key healthcare professionals, including pharmacists, to ensure more women are advised to seek support earlier in their menopause.

Missed Opportunities

With the exception of the contraception pilot, the Strategy did not elaborate on the “range of services” to be available via community pharmacy. Other key areas important to women’s health were either missing or did not reference the sector despite community pharmacy’s clear role.

For example:

- **Issues around dependence and substance misuse** – There is considerable attention on substance and alcohol misuse. However, the Strategy did not consider dependence and withdrawal from prescribed medicines – for which women are more likely to receive a prescription – and appropriate stewardship in the community.
- **Sexual health** – Whilst the Strategy acknowledges contraception and cervical screenings, there is barely any reference to the variabilities in EHC access and community pharmacy’s role. It also does not consider HIV or PrEP.
- **Smoking** – Smoking cessation was featured in the strategy, but without reference to community pharmacy’s role in, for instance, maternal smoking cessation or smoking cessation more generally.
- **Funding** – There is limited reference to funding. It acknowledges the underfunding of research into women’s health and promises investment for some screening/diagnostic programmes, but there is very little in the way of long-term and sustainable funding for frontline women’s health.
- **Commissioning challenges** – A lack of direction on the barriers to access created by fragmented commissioning and how to prevent further disparities under ICSs (e.g. EHC access), despite a key ambition on equitable access.

Subject	The House of Commons Health and Social Care Committee report on the future of general practice
Date of meeting	23rd November 2022
Committee/Subcommittee	SDS
Status	Public
Overview	<p>This paper contains the summary of the House of Commons Health and Social Care Committee report on the future of general practice, which was published on 20th October 2022.</p> <p>https://committees.parliament.uk/publications/30383/documents/176291/default/</p>
Proposed action	None at this meeting, but the topic may be considered further at a future meeting
Author of the paper	House of Commons Health and Social Care Committee