

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.