

Minutes of the PSNC Service Development Subcommittee meeting
held on 23rd November 2022 at DoubleTree by Hilton,
60 Pentonville Rd, London N1 9LA at 1.15pm

Present: Clare Kerr (Chair), Roger Nichols, Reena Barai, Faisal Tuddy, Sunil Kochhar

In attendance: Alastair Buxton, Rosie Taylor, David Onuoha, Anil Sharma, Lindsey Fairbrother, Prakash Patel, Ian Cubbin, Sunil Kumar, Gary Warner, Sian Retallick, Jas Heer, David Broome, Marc Donovan, Tricia Kennerley, Sam Fisher, Rhys Martin, Adrian Price, Ifti Khan, Peter Cattee, Has Modi, Jay Patel, James Wood, Gordon Hockey, Shiné Brownsell, Zoe Long, Jamie Gilliam, Janet Morrison, Katrina Worthington, Suraj Shah, Sarah Welbourne, Mike Dent, Rob Thomas, Jack Cresswell

Item 1 – Welcome from Chair

1.1 The Chair (Clare Kerr in Fin McCaul’s absence) opened the meeting and welcomed the attendees.

Item 2 – Apologies for absence

2.1 Apologies for absence were received from Fin McCaul.

Item 3 – Conflicts or declarations of interest

3.1 No new conflicts or declarations of interest were raised.

Item 4 – Minutes of the last meeting

4.1 The minutes of the subcommittee meeting held on 14th September 2022 were approved.

Item 5 – Actions and Matters arising

5.1 None.

Action

Item 6 – Draft workplan for 2023

6.1 Alastair Buxton talked through the draft workplan for 2023, noting it was deliberately not picking up on all the team’s business as usual work and that it was hoped there would be more time available in the year ahead to undertake work to support LPCs with local commissioning. He asked for feedback from the subcommittee members.

6.2 Subcommittee members made the following points:

- Reference could be included to work to share the success of community pharmacy services and the PQS.
- Taking any appropriate actions on the outputs of the NHS England vaccination consultation could be included, over and above work on Flu, C-19 and local commissioning of vaccination services.
- Engagement with other sector representatives – that was viewed as business as usual work, which is always ongoing, via regular collaboration meetings with all the pharmacy bodies and wider work across the organisations, rather than being something that required a specific reference in the workplan.
- Training and reaccreditation requirements for services – that was felt to be work that fitted into business as usual discussions with NHS England and we would not want to

proactively pursue discussions on this, as manageable arrangements were being sought on a service-by-service basis.

Item 7 – Standard additions to the Advanced Service specifications

7.1 As part of this workstream, PSNC had suggested that a template service specification should be developed, to drive greater standardisation in the flow of future service specifications. NHS England had agreed that would be appropriate to undertake as part of this work. Feedback from the subcommittee members was collated.

Item 8 – NHS Pharmacy Contraception Service

8.1 The subcommittee made various points on the draft service specification.

- Indemnity insurance for the Tier 3 service may not be obtainable; that was out of scope for the current discussion but could be picked up outside the meeting with Alastair Buxton.
- Sexual health clinics – how will referrals work if they do not have appropriate IT? In reality, they are likely to signpost patients, rather than make formal referrals. All patients will be able to self-present in pharmacies to request the service.
- Should independent prescribing also be included in the service specification? That was currently being explored in the ongoing pilot, with an expectation that if successful, it would be incorporated in the service in due course.
- Sharing notifications with the patient's GP – generally you can share data and not need to ask for permission. Traditionally, consent to share with the GP is always sought in relation to sexual health services, as patients had the right to greater privacy.
- Is there sufficient content in the training requirements related to consent, Gillick competency etc.? That is covered in the EHC training and was also believed to be a core competency for community pharmacists. Individual pharmacists had a duty to assess their own competence before providing services and contractors would also have a responsibility to ensure their staff were competent to provide the service.
- Was a Declaration of Competence (DoC) being used for the service? No. Contractors will have to ensure competence of staff, but the service specification was not going to specify how they should do that. This was a deliberate decision to provide more flexibility for contractors and their pharmacists.
- How long would the full training take? This had been assessed and had been included in the SDS papers earlier in the year. Many of the training requirements were those already undertaken by most pharmacists, e.g. safeguarding, consultation skills and EHC.

Item 9 – Hypertension Case-Finding Service

9.1 The subcommittee made various points on the proposed changes to the service specification.

Item 10 – Flu Vaccination Programme – issues with the use of incorrect vaccines

10.1 David Onuoha provided a verbal update on this issue.

Item 11 – COVID-19 antivirals

11.1 Alastair Buxton provided a verbal update on this issue. As had previously been discussed at subcommittee meetings and reported in the minutes of the negotiating team (NT), the Government has purchased a large stock of several C-19 antivirals. Currently the medicines are supplied via Covid Medicines Delivery Units, but NHS England has asked ICBs to consider how a business-as-usual approach could be used to supply the medicines from

April 2023.

Item 12 – Pharmacy Quality Scheme 2022/23

12.1 Rosie Taylor provided a brief introduction to the paper.

12.2 Points raised by the subcommittee included:

- Positive feedback was provided on the PQS resources and there were no suggestions for further resources.
- There was little support for the NHS England PQS guidance in its current format and most people indicated that they used the Drug Tariff or the PSNC PQS resources to understand the Scheme.
- A question was asked as to when the declaration questions would be published; Rosie Taylor advised that a final version had gone to the MYS team at NHSBSA for them to add to MYS so she would push for this to be published as soon as possible.
- A comment was made about the importance of getting information about the 2023/24 PQS out as soon as possible and Alastair Buxton confirmed that the team was working on this.

Item 13 – Development of APIs for clinical services

13.1 Alastair Buxton talked the subcommittee through the key points in the paper. NHS England were proposing to provide financial support to system suppliers if they commit to develop all the APIs and, where appropriate, the 'front-end' clinical systems for use by pharmacy teams, in line with the timetable set out in the paper.

13.2 NHS England has not yet got full approval for the business case to undertake this work, but once that is obtained, they will work with the NHSBSA and system suppliers to start to develop detailed plans for the programme. They would want contractors to use the API once the system suppliers have developed the APIs and are expecting the focus of development will just be on the four suppliers that have already developed compliant systems in relation to CPCS IT support. If other suppliers wanted to participate in the programme, they would be able to do so, but would first need to be compliant with the CPCS requirements.

13.3 The PCS would be the first API to be developed in the programme to ensure the service could launch with IT being in place.

Item 14 – National health campaigns

14.1 Rosie Taylor provided a brief overview of a meeting on 16th November 2022 with NHS England and DHSC on health campaigns. The main points to note were:

- NHS England recognised that we are quite a long way through the year, so they were not suggesting mandating six public health campaigns for 2022/23.
- They do want to move to digital only campaigns in 2023/24, but the proposal for 2022/23 is to mandate one campaign on weight management in January 2023, which aligns with the PQS 2022/23 requirements on weight management and on HLP/ outreach work. As part of this, they want to encourage use of the NHS weight Loss Plan app, as well as the NHS Digital Weight Management Programme and other resources.
- NHS England proposed that the weight management campaign would be a hybrid campaign; the Office for Health Improvement and Disparities (OHID) will provide campaign materials if pharmacies want to order these, and digital campaign materials will also be available.
- The idea of digital campaigns only for 2022/23 was also discussed and feedback from

the September SDS meeting on this idea was provided to NHS England and DHSC.

- PSNC asked whether OHID had given any consideration to whether a digital only campaign could worsen health inequalities, as not everyone would have access to computers or smart devices and whether there was any research on this. NHS England suggested inviting OHID to a meeting to talk with them about health inequalities and acknowledged that we should look at the evidence collaboratively.
- NHS England advised they would start to think about campaign ideas for 2023/24.

14.2 Subcommittee members repeated points previously made about the benefit of having physical materials to use to start conversations with patients and the public. The short notice agreement of the Cabinet Office to authorise Government publicity campaigns was a real impediment to planning by the NHS and contractors. A push approach to distribution of materials was much better for contractors, as a pull approach adds to burdens on contractors, but OHID could not commit to that for the proposed campaign in January. It was also noted that contractors had benefited from not having to undertake any campaigns earlier in the year and the proposed campaign would support work within the PQS.

14.3 After a discussion of the issues raised by the proposal, the subcommittee reluctantly agreed to support NHS England's plan for a campaign in January.

14.4 It was recommended that: PSNC accepts NHS England's proposal for a hybrid campaign in January, focused on weight management and using a pull approach for obtaining physical resources, where the contractor does not want to use digital resources alone.

Item 15 – RPS/Marie Curie Daffodil Standards for PEoLC

15.1 Alastair Buxton explained that it seemed appropriate for PSNC to respond to the consultation, particularly as the PQS included an element related to PEoLC. He expected there may be some concerns about the proposed standards and asked the subcommittee members to provide their views on them, to inform the drafting of a response to the consultation.

15.2 Subcommittee members would provide detailed feedback via email by the end of the week, but the broad consensus was that the response should question the need for the standards and highlight they could create an unrealistic expectation of the service that all pharmacy teams would provide, when this was not a commissioned service and there was no funding available to support this.

Report

Item 16 – NHS Independent Prescribing Programme

16.1 This was a matter of report.

Item 17 – Hepatitis C Testing Service

17.1 This was a matter of report.

Item 18 – Women's Health Strategy for England

18.1 This was a matter of report.

Item 19 – The House of Commons Health and Social Care Committee report on the future of general Practice

19.1 This was a matter of report.

Item 20 – Early diagnosis of cancer pilot

20.1 This was a matter of report. Conversations were ongoing with the LPCs covering the pilot sites

and networking between these LPCs had been facilitated to allow them to share intelligence with each other and PSNC.

Item 21 – Any other business

21.1 None.