

Minutes of the PSNC Service Development Subcommittee meeting held via Zoom on Wednesday 1st February 2023 commencing at 11.30am

Present: Fin McCaul (Chair), Clare Kerr, Reena Barai, Faisal Tuddy, Sunil Kochhar, Claire Nevinson

In attendance: Alastair Buxton, Rosie Taylor, David Onuoha, David Broome, Mark Griffiths, Janet Morrison, Shine Brownsell, Ifti Khan, Mike Dent, Sian Retallick, Peter Cattee, Gordon Hockey, Jas Heer, Adrian Price, Lindsey Fairbrother, Niamh McMillan, Sunil Kumar, Stephen Thomas, Sam Fisher, Katrina Worthington, Indrajit Patel, Jay Patel, Bharat Patel, Marc Donovan

Item 1 – Welcome from Chair

1.1 The Chair opened the meeting and welcomed the attendees, including Claire Nevinson, who is a new member of PSNC and the subcommittee.

Item 2 – Apologies for absence

2.1 No apologies for absence were received.

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 23rd November 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. He noted that since the agenda was finalised, the JCVI had issued initial guidance on C-19 vaccinations for 2023/24 and NHS England had issued initial communications (which had been emailed to Committee members) to existing vaccination sites regarding the end of some cohorts being eligible for vaccination and the potential for a limited Spring booster programme. The plans for an autumn booster programme are still being developed.

6.2 A discussion was held on whether there was an opportunity to try to get more community pharmacies commissioned as COVID-19 vaccination sites.

6.3 The point was also made that it is very short notice for ending the booster campaign (this ends on 12th February) therefore there is likely to be demand from patients after this date who did not realise that the campaign had ended and still wanted a booster dose. Therefore the question was posed as to whether there was potential for a private COVID-19 vaccination service in community pharmacies. Alastair Buxton advised that he had not had a recent conversation with the Vaccination Team about this. However, he agreed to enquire on this matter but highlighted that if this was the case and this service needed to be operationalised, it would not be for PSNC to take forward as it would be a non-NHS service.

Item 7 – Pharmacy Contraception Service (PCS)

- 7.1 Alastair Buxton provided an overview of the paper and confirmed that the PGD is at the final review stage. SDS members had already had the opportunity to comment on the PGD, and Alastair thanked those that had sent in comments, but further comments from the wider Committee were also welcome at the meeting.
- 7.2 Alastair Buxton advised that the Services Team had made many changes to the PGD to get it to this stage.
- 7.3 David Onuoha talked through the training requirements for the service. He explained that this service requires pharmacists to ensure they are competent to provide the service, rather than having to complete a list of training requirements. He also confirmed that there is no time period in which you must have completed the training; that is a professional decision for the individual pharmacist to make. There is also not a specified assessment framework that must be used for the service, so again, this would be up to the pharmacist to decide upon.
- A question was asked around the safeguarding requirement and David Onuoha confirmed that pharmacists were required to have completed level 2 training, as per the Terms of Service. The Level 3 webinar, which is part of the Pharmacy Quality Scheme, is not a requirement for the Tier 1 PCS.
- 7.4 There was a comment about the exclusion criteria included in the PGD being wide and that this might put some contractors off providing the service. David Onuoha explained that the PGD was based on an Specialist Pharmacy Service template and a lot had already been stripped out of the PGD. While the exclusion criteria are wide, it was important to recognise that although the pharmacist is making an ongoing supply, they are still taking on the responsibility of supplying the oral contraceptive, therefore they need to satisfy themselves that the supply is appropriate. As listed in the resources section, the Services Team is planning on producing a pre-appointment questionnaire so this can be shared with system suppliers.
- 7.5 It was clarified that contractors will get paid if during the consultation they make a decision that it is not appropriate to make a further supply of the oral contraceptive and an equivalent brand/generic can be supplied if appropriate as specified in the service specification (section 4.19).
- 7.6 A question was also raised about whether NHS England were planning to issue comms to general practice when the service went live. NHS England were planning to issue more comms around the launch of the service. PSNC has already briefed GPC England on the service and will work with them to cascade comms to LMCs.

Item 8 – Hypertension Case-Finding Service

- 8.1 David Onuoha provided an overview of the paper and advised that the feedback that had been provided at the last SDS meeting had been shared with NHS England as well as the feedback from GPC England.
- 8.2 A discussion was held on the clarity of the wording related to the incentive payments. The wording in the specification is based on the Drug Tariff wording, which is legally correct. Additional wording has been added to the PSNC website to help clarify the way the payment works.
- 8.3 A point was made about the practicality of a pharmacy making a referral to GP out of hours services on a Saturday and the time this can take. It may be more appropriate for referrals to be made to A&E instead. David Onuoha confirmed that this option is available but that local system working needs to be taken into account when making this type of decision.

- 8.4 It was highlighted that some pharmacies are rejecting patients who are referred from general practice as they are not aged 40 years or older and could this be highlighted. David Onuoha confirmed that we have FAQs on the PSNC website covering this scenario but reminders could be provided to contractors.
- 8.5 A question was asked about when there will be an announcement on services that are provided by pharmacy technicians being exempt from VAT. That this is not a recent change to the VAT rules, but it is not reflected on the HMRC website. Mike Dent noted it was referenced in the Year 4/5 letter to contractors, but he would ask DHSC if HMRC could be asked to add the information to their website.
- 8.6 It was noted the change related to pharmacy technician provision could increase the volume of consultations being provided, creating greater pressure on the fixed funding sum. This was a risk, as it also was in relation to the introduction of the PCS. The matter could be picked up in the general discussions on the funding crisis on 2nd February.

Item 9 – Flu Vaccination Service update

- 9.1 Alastair Buxton provided an overview of the paper. He advised that there is a desire from the NHS to keep both the PGD and standard protocol options for the 2023/24 Flu Vaccination Service. However, there is the caveat that the Secretary of State makes the decision on whether a standard protocol should continue, so this decision will ultimately rest with him.
- 9.2 The MHRA consultation on allowing pharmacy technicians to work under a PGD is due shortly, but it seems unlikely that the timescales, including a full three-month consultation period, would now allow a change in legislation to happen in time for the 2023/24 flu season.
- 9.3 A question was asked around the potential of extending the Flu Vaccination Service to include flu vaccinations for children. Alastair Buxton advised that he did not think there would be a policy change from vaccinating children in schools and the central procurement of these vaccines. However, there may be potential for locally commissioned ‘mop-up’ services and that will be included in a vaccination services commissioning toolkit for LPCs to use locally, which it is hoped the Services Team will have time to develop later in the year.
- 9.4 A discussion was had about the ordering of vaccines for the 50 to 64 year old age group and whether there will be the expectation that contractors will order these themselves, if Government decides to include them in the 2023/24 service, or whether these will be supplied centrally. Dependent on the timing of any decision, it was likely that Government would want contractors to order their own vaccines. It was agreed that data on the number of unused flu vaccines in 2022/23 would be collated from some of the larger contractors.

Item 10 – Pharmacy Quality Scheme update

- 10.1 Rosie Taylor advised that she is waiting for NHSBSA to publish a spreadsheet showing where contractors are up to with the antibiotic review data for the PQS 2022/23; hopefully this will be today and then PSNC comms will follow on this.
- 10.2 Rosie Taylor provided an update on progress being made on the 2023/24 PQS since the agenda paper was written.
- 10.3 There were no suggestions for additional resources for the 2023/24 PQS.

Item 11 – Quarterly submission of NMS data

- 11.1 Alastair Buxton provided a verbal report on this matter. Prior to Christmas, NHS England asked

whether PSNC would be happy to support the re-starting of the quarterly NMS data submissions, which had been paused for the last few years due to C-19.

- 11.2 Once the API for NMS is introduced (scheduled for December 2023), the data which will be automatically submitted to the NHSBSA MYS portal will replace the quarterly data submissions, but in the meantime, NHS England is keen to receive data via the quarterly submissions so that they have visibility of the provision of NMS across all the eligible cohorts. Due to the suspension of the quarterly submissions, there is currently no data available on how NHS provisions are distributed across the new and old NMS cohorts.
- 11.3 Baseline data on this distribution is required to help inform a new academic evaluation of the NMS, which will be commissioned in due course. That evaluation is intended to assess whether the service is having a positive impact within the new eligible cohorts.
- 11.4 Following the proposal from NHS England, PSNC discussed the current state of the NMS modules and their reporting capability within PMR systems with the system suppliers. The majority of PMR systems have been updated to allow quarterly reporting on the new cohorts.
- 11.5 Recognising the current demands on contractors and their teams, NHS England proposed the data submissions should be made on a voluntary basis. The Negotiating Team agreed that a voluntary approach was preferable to moving back to mandatory reporting for all contractors.
- 11.6 Once the NHSBSA are ready to receive the data for Q3 2022/23, communications will be issued by NHS England to request the voluntary submission of the data, with the submission process ending in mid-March. As long as some data is received, it is unlikely that NHS England will seek to re-commence mandatory reporting ahead of the implementation of the API reporting.
- 11.7 Some contractors will have data available from earlier in 2022/23 and where they are able to provide this to the NHSBSA, NHS England would be keen to receive it. This data would need to be submitted via a separate process, so the lowest burden would apply where a multiple contractor has existing data extracted from their PMR system and can submit a consolidated dataset for their pharmacies. If some such data can be submitted, it would help to further reduce the likelihood of NHS England seeking to return to mandatory reporting for all contractors.

Action: Any multiple contractors with earlier NMS data which they are willing to submit to the NHSBSA should email services.team@psnc.org.uk.

Report

Item 12 – Development of APIs for clinical services

12.1 This was a matter of report.

Item 13 – NHS Independent Prescribing Programme

13.1 This was a matter of report but due to the interest in this topic Alastair Buxton provided a general update on this matter, advising that NHS England had held a webinar for contractors on this topic last week, a meeting for ICB teams and that Anne Joshua had also attended a meeting with the LPCs yesterday (31st January), organised by PSNC, to provide them with an update and listen to their concerns.

At the LPC meeting, Anne had confirmed that they are still looking at the governance structures and are setting up an operational group to support the work, and that it would be possible for some LPC representatives to sit on that group. James Wood has also agreed to make this a standing agenda point at the fortnightly PLOT meetings.

13.2 Alastair felt NHS England's proposed timelines will be challenging, as they are trying to sort

out a lot of the challenges early on in the process, such as making progress on IT, which does need to be addressed but may slow the process down. Indemnity insurance was also likely to be an issue and access to Designated Prescribing Practitioners for aspirant prescribers continued to be a challenging issue, which HEE were working on with ICBs. A comment was made that it was thought that it would not be possible to get EPS prescribing in place within pharmacy IT systems in the timescale of the programme. Therefore, contractors were likely to end up using a GP clinical system for prescribing. If this approach was used, it was important that the pharmacy 'owned' the system, rather than it being an extension of a local general practice's clinical system. The GP system suppliers were currently overwhelmed with demands to change their systems and their costs were generally thought to be significant.

- 13.3 Alastair confirmed that the high priority areas for independent prescribing from a future development of the CPCF perspective, i.e. minor ailments, hypertension management and contraception, were all on NHS England's list of options to be included in the programme.

Item 14 – Public perceptions of community pharmacy

- 14.1 This was a matter of report.

Item 15 – PSNC Briefing 001/23: A summary of the 2023/24 NHS priorities and operational planning guidance

- 15.1 This was a matter of report.

Item 16 – PSNC response to the Consultation on Community Pharmacy Quality Improvement ('Daffodil') Standards for Palliative and End of Life Care

- 16.1 This was a matter of report.

Item 17 – Any other business

- 17.1 **National valproate audit** - Rosie Taylor had requested data from NHS England on how many contractors had submitted data for the national valproate audit. They had advised that just under 11% of contractors have submitted data and around the same percentage have also started adding data (but have not submitted it). Therefore, it has been agreed that PSNC and NHS England will issue reminder comms on this. NHS England is currently talking to NHSBSA to see if they could publish a spreadsheet to show where contractors are with the audit.
- 17.2 It was important to note that if contractors do not have any suitable patients to participate in the audit, they still need to access the Valproate audit 2022/23 tab on MYS, to tick the 'no eligible patients' box and submit this information. This will create a record which will act as evidence that the audit has been completed, even though no patient data has been added to MYS. This will be highlighted in the reminder comms.