



Present: Fin McCaul (Chair), Claire Nevinson, Olivier Picard, Clare Kerr

In attendance: Alastair Buxton, Rosie Taylor, Beran Patel, Sian Retallick, David Broome, Marc Donovan, Tricia Kennerley, Ifti Khan, Stephen Thomas, Ian Strachan, Jay Patel, Zoe Long, Gordon Hockey

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 Faisal Tuddy and Sami Hanna.

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 and update on actions

- 4.1 The minutes of the subcommittee meeting held on 25th July 2023 were approved.
- 4.2 Updates on actions from the July SDS meeting were provided:
 - Gordon has had informal discussions with DHSC as to whether SSPs can only be used for items prescribed on prescription or whether supply on PGD is also included; supply on PGD is not included. However, the wider issue of ensuring availability of antimicrobials if supply chain issues occur, will be discussed further with DHSC lawyers.
 - Data on the north east service had not yet been shared.
 - Clare had emailed the diabetes training materials as requested and Ifti said he would see
 if he could share any of the case studies.
 - The conversations with Andy Sloggett are ongoing therefore Mike has not shared the notes of the meetings yet.



Item 5 – Lateral Flow Device testing for community-based COVID-19 treatments: provision of LFD tests through community pharmacy

- 5.1 Alastair provided an overview of the proposed service. The following points were noted:
 - The risk of date expired stock would need to be considered by pharmacy owners and there was agreement on wanting a separate reimbursement price for the LFD test kits and a transaction fee rather than this being bundled together.
 - If the mail order route is no longer available, there may be challenges for housebound patients to obtain test kits.
 - Since the funding is coming from outside of the global sum, the service proposal should be explored further.
- 5.2 The subcommittee was content with further exploration of the service being undertaken with DHSC and NHSE, ahead of any proposal for the service being put to the Committee.

Item 6 - Community Pharmacy Vision - development of the services matrix

- 6.1 Alastair advised that at the previous Committee meeting, it had been noted that the services matrix could be enhanced and The Kings Fund/Nuffield Trust had agreed to consider further thoughts from the Committee. The following points were noted:
 - A discussion was had on having a services matrix which would be achievable over the next few years and one which was more for 5-10 years time; this helps set the sector on a path for future development.
 - Bundling of services was discussed.
 - Early diagnosis of cancer should be added to the matrix.
 - Initiation of electronic repeat dispensing could be added to the matrix.

Action: Alastair to make changes to the matrix and to draft another to look further into the future. SDS members to provide feedback on these so final amendments could be made before sharing with The King's Fund and Nuffield Trust.



Item 7 - Common Conditions Service - updated clinical pathways and 'Gateway points'

7.1 The Committee talked through each of the clinical pathways and provided comments on these.

Item 8 - Changes to NHS website Pharmacy Profiles

- 8.1 Alastair provided an overview of the paper.
- 8.2 A comment was made that travel clinics (NHS) was listed but travel clinics (paid for) was not in the names of services list. There was also a walk-in Covid-19 vaccination listing but this is not always a walk-in service; this option was also not available for the Flu Vaccination Service.

Item 9 - Flu and Covid-19 vaccination services

9.1 Alastair advised that he has continued to chase NHS England colleagues for an update on when an announcement will be made on both the flu and COVID-19 vaccination services.

Item 10 - Pharmacy practice research proposal

- 10.1 Alastair provided background information to highlight that we had previously funded a research fellow on a part time basis. However, as we now think about future service development and strategy, as well as the additional funding which will be available from LPCs, he wanted to explore the principle of investing in research again and creating a business case with the relevant higher education institutions.
- 10.2 There were no objections to this being considered further.

Action: Alastair to work on developing a business case for investment in pharmacy practice research.

Item 11 – Any other business

11.1 There was no other business.