



Service Development Subcommittee Agenda

Date: 2nd August 2023

Start time: 2pm

Location: Zoom

Members: Sami Hanna, Clare Kerr, Fin McCaul (Chair), Claire Nevinson, Olivier Picard, Faisal Tuddy

1. Welcome from Chair
2. Apologies for absence
3. Conflicts or declarations of interest
4. Minutes of the last meeting and update on actions (**Appendix SDS 01/08/2023**)

Action

5. COVID-19 treatments (**Confidential Appendix SDS 02/08/2023**)
6. Community Pharmacy Vision – development of the services matrix (**Appendix SDS 03/08/2023**)
7. Common Conditions Service (**Confidential Appendix SDS 04/08/2023**)
8. Changes to NHS website Pharmacy Profiles (**Appendix SDS 05/08/2023**)
9. Flu and Covid-19 vaccination services (verbal report)
10. Pharmacy practice research proposal (verbal report)
11. Any other business



Minutes of the Service Development Subcommittee meeting held at The Queens Hotel, Leeds on 12th July 2023 commencing at 2pm

Present: Sami Hanna, Clare Kerr, Fin McCaul (Chair), Claire Nevinson, Olivier Picard, Faisal Tuddy

In attendance: Alastair Buxton, Rosie Taylor, David Onuoha, Janet Morrison, Anil Sharma, Lindsey Fairbrother, Prakash Patel, Beran Patel, Sian Retallick, Jas Heer, David Broome, Marc Donovan, Tricia Kennerley, Ifti Khan, Niamh McMillan, Adrian Price, Stephen Thomas, Ian Cubbin, Peter Cattee, Ian Strachan, Jay Patel, Mike Dent, Katrina Worthington, Adeola Wilson, George Foote, Daniel Fladvad, Shiné Brownsell, Gabriele Vickers

Item 1 – Welcome from Chair

- 1.1 The Chair opened the meeting and welcomed the attendees, including Sami Hanna who is a new member of 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 and update on actions

- 4.1 The minutes of the subcommittee meeting held on 22nd June 2023 were approved.
- 4.2 Updates on actions from the June SDS meeting were provided:
 - Gordon is waiting to hear back from DHSC as to whether SSPs can only be used for items prescribed on prescription or whether supply on PGD is also included.
 - Sami advised that the information/evidence from the North East which may support the case to include trimethoprim in the clinical pathway from the service was not relevant to share but he had some other data that could be shared. Claire advised that the dataset she had referred to was not dependable enough to be of use.

- Clare confirmed she had sent through data from the CCA to help provide insight into the volume of supplies that are currently being made for the seven conditions, to help gauge the volume that pharmacy owners may expect to see when the service is launched. David has also obtained data from several LPCs. All of the data is showing similar uptake to the Welsh and Scottish models which therefore confirm that the NHSE/DHSC projections are exceptionally optimistic.
- Other actions on the Hypertension Case-Finding Service, Flu Vaccination Service and COVID-19 vaccination Service were picked up within relevant agenda items.

Actions:

- Gordon to provide an update when he hears back from DHSC.
 - Sami to email services.team@cpe.org.uk with data around antibiotic use in the clinical pathway.
- 4.3 Olivier highlighted an idea of using the National Booking Service to help with the uptake of the Common Conditions Service as this would have benefits for pharmacy owners and the NHS. Alastair agreed that this was a promising idea and it would be helpful to scope out the pros and cons of this idea but advised that he did not think it would be possible for this option to be available for the launch of the service.

Item 5 – Update on the Workplan for 2023

- 5.1 Alastair advised that a few minor changes had been made to the plans, which had been annotated in the current version of the Workplan. The Committee agreed with the changes that had been made and were content with the progress reports.

Item 6 – Community Pharmacy Vision

- 6.1 Comments were sought on the services elements of the vision.
- 6.2 The points raised will be fed back to The King's Fund and Nuffield Trust.
- 6.3 Alastair advised that a final engagement exercise would open at the end of the week or early next week, which would allow further input, ahead of the launch of the Vision in Parliament in September.



Actions:

- Committee members to provide any further feedback on the services aspects of the draft document by email to services.team@psnc.org.uk by Wednesday 19th July 2023.
- A discussion on other service options to include in the document will be undertaken at the next meeting of SDS (2–4pm 1st August).

Item 7 – Hypertension Case-Finding Service

7.1 David provided an introduction to the paper on the Hypertension Case-Finding Service.

7.2 There was no feedback on the points raised in the paper. With regards to additional resources and examples of best practice which could be shared, the following comments were made:

- Clare advised that she has some materials, which she would share on a previous diabetes campaign which involved getting the whole pharmacy team involved and speaking to patients about this.
- A comment was made on the wording in the service specification around the time period for the provision of ABPM and queried whether this could be softened to give pharmacy teams the confidence that they can still provide ABPM even if there is a delay (due to other patients also waiting for ABPM).
- The use of NBS was discussed as a future way to support patients to access the service and manage workflows in pharmacies.
- Trying to engage Healthy Living Champions, as well as other members of the team would be helpful.
- Once the API goes live (currently expected to go live in August), this will allow pharmacy owners to have visibility of the data. Ifti advised his team will be looking to write up case studies to assist those pharmacies that are struggling with the service. Ifti agreed to share these with the Services Team when written.
- The challenges of the workforce was highlighted with some locum pharmacists refusing to provide ABPM due to them not being familiar with the meters. It was agreed that the introduction of further skill mix into the service would help address this issue.



Action: Clare to email the diabetes training materials and Ifti to email the case studies (when available) to services.team@psnc.org.uk.

Item 8 – Flu and COVID-19 vaccination services

- 8.1 Alastair provided an update on the outcome of the negotiations and the plans for the launch of the services.
- 8.2 The GSK market research paper had been provided for information purposes; the data will be included in post-meeting comms.

Item 9 – Collecting pharmacy consultation data to inform negotiations

- 9.1 Alastair provided an introduction to the paper and thoughts were provided on the use of EPoS.
- 9.2 Other options for data collection were noted, including using a paper-based approach and adding notes to patient records in PMR systems. The consensus was that the use of EPoS was the simplest way this could be implemented, but there would be costs incurred in getting systems modified to allow the data to be captured.
- 9.3 Mike advised that he and Jack had met with Andy Sloggett (stats advisor / consultant for Community Pharmacy England on Margin Survey) to discuss this and that he would share notes from their meeting to provide insight into his thoughts on this topic.

Actions:

- Mike Dent to share his notes from his meeting with Andy Sloggett.
- Due to time constraints for discussion on this topic, Committee members were asked to email further thoughts to services.team@cpe.org.uk.

Item 10 – Independent Prescribing Pathfinder

- 10.1 This was a matter of report.

Item 11 – Development of APIs for clinical services

- 11.1 This was a matter of report.

Item 12 – Consultation responses



12.1 This was a matter of report.

Item 13 – Any other business

13.1 There was no other business.



Appendix SDS 03/08/2023

Community Pharmacy Vision – development of the services matrix

Introduction

At the last meeting of the subcommittee and the Committee plenary discussion on the draft Community Pharmacy Vision, there was a desire to try to assist Nuffield Trust and The King's Fund by proposing an enhanced version of their services matrix.

This could include editing the current matrix, but also potentially developing a second matrix, which would show further development of the matrix over time, so the vision document would then include a short-term matrix and one looking further into the future.

The current draft of the matrix

The current draft of the matrix is set out over the page. Nuffield Trust and The King's Fund are happy to receive our suggested amendments to this and a longer-term version too.

The current matrix does not include any representation of public health services which are commissioned by local government. It has already been agreed that this omission needs to be rectified.



Figure 2: Indicative Contract Service Matrix

<p style="text-align: center;">Essential</p> <p>Nationally specified and priced, delivered by all Community Pharmacists (CPs)</p> <p>All services included as ‘Essential services’ in current Community Pharmacy Contractual Framework (CPCF), together with: Community Pharmacist Consultation Service; New Medicine Service; ‘Pharmacy First’ service as set out in Primary Care Recovery Plan services</p>	<p style="text-align: center;">Advanced</p> <p>Nationally specified and priced, delivered by CPs able to do so</p> <p>Per current CPCF: Pharmacy Contraception Service Smoking Cessation Service Flu and COVID-19 Vaccination Service Hypertension Case-finding Service Emergency contraception</p>
<p style="text-align: center;">Enhanced - National</p> <p>Nationally specified and priced, delivery by local agreement</p> <p>Examples might include: Vaccination services (various vaccines) Weight management Single Long Term Condition management e.g. hypertension, lipid control, asthma Medicines optimisation, including pharmaceutical care plan, therapeutic drug monitoring and pharmacogenomics</p>	<p style="text-align: center;">Enhanced – Local</p> <p>Locally specified and priced, delivery by local agreement</p> <p>Examples might include: Direct input into primary care networks Taking on ARRS pharmacist role; Remote/rural services</p>

Service options which could be considered for inclusion in the matrix

For several years, the Services Team has maintained a ‘working list’ of potential service development options which have built on the foundations of the sector’s various historic vision documents and which we use to inform consultation responses and lobbying on future development of services.

This list was recently updated for inclusion in our response to the Health and Social Care Select Committee’s Inquiry on Community Pharmacy and it is set out below.

Supporting self-care and urgent care - reducing demand on GPs and urgent care

- A 'walk-in patient' option for the Community Pharmacist Consultation Service (CPCS)
- Enhance the CPCS by provision of OTC medicines to low income groups
- Enhance the CPCS by provision of some medicines using Patient Group Directions (PGD) or independent prescribing (including appropriate antimicrobial stewardship)
- A nationally commissioned Emergency Hormonal Contraception (EHC) service
- Pilot the management of minor injuries (building on proof-of-concept work already undertaken)

Promoting health and wellbeing (prevention) - reducing future healthcare demand

- A nationally commissioned, open access smoking and nicotine (vapes) cessation service
- Health checks commissioned for target groups of patients and the public, using point of care testing (e.g. blood lipids) with follow-up and a personalised wellbeing plan
- Weight management services, including targeted support for people with LTCs
- An atrial fibrillation case-finding service to complement the community pharmacy Hypertension Case-finding Service and the work of Primary Care Networks on CVD
- A COPD case-finding service
- Additional vaccinations beyond adult flu and COVID-19, e.g. travel vaccines, shingles, pneumococcal, childhood vaccinations and a children's flu vaccination mop-up service

Long Term Condition (LTC) support and management - building primary care capacity

- A nationally commissioned Inhaler technique service
- Commissioning Community Pharmacy England's [Care Plan Service proposal](#)
- An annual dose form/device check, synchronisation of prescriptions and adherence review for all patients using medicines for the management of LTCs
- Structured Medication Reviews, in collaboration with General Practices / Primary Care Networks
- Menopause advice service, including prescribing of HRT
- A Hypertension management service (using independent prescribing) as a forerunner for other LTC management by pharmacist independent prescribers
- Pilot provision of annual asthma reviews (building on proof-of-concept work already undertaken in Leicester)

Improving patient safety and cost effectiveness - optimising use of medicines and reducing harm

- Tackling polypharmacy and identifying potential gaps in prescribing
- Querying prescribing of medicines of low clinical value and specific medicines
- Enhanced safety interventions during dispensing (building on work within the Pharmacy Quality Scheme)
- Supporting the use of pharmacogenomics and personalised medicine to optimise the use of medicines, including specialist medicines
- Increased use of electronic Repeat Dispensing and provision of more support for LTC patients, e.g. Community Pharmacy England's [Care Plan Service proposal](#)



What could an enhanced matrix look like?

Below is a revised version of the matrix with additional services added to create a more ambitious list and also to recognise the role of local authority commissioning and the potential for piloting some new clinical services.

Essential services	Advanced services
<p data-bbox="97 645 758 721">Nationally specified and priced, provided by all community pharmacies</p> <p data-bbox="97 721 758 840">All services included as Essential services in the current Community Pharmacy Contractual Framework (CPCF), plus:</p> <ul data-bbox="97 840 758 1946" style="list-style-type: none"> <li data-bbox="97 840 758 1064">▪ Enhanced Healthy Living Pharmacy activities, with greater engagement with individuals and the community to support healthy lifestyles and to tackle population health challenges / health inequalities, working collaboratively with Primary Care Networks <li data-bbox="97 1064 758 1176">▪ Community Pharmacist Consultation Service, including a walk-in consultation option for patients <li data-bbox="97 1176 758 1377">▪ Common Conditions Service – supply of specific antimicrobials (independent prescribing) and supply of over-the-counter medicines to patients eligible for free prescriptions on low income grounds <li data-bbox="97 1377 758 1422">▪ New Medicine Service <li data-bbox="97 1422 758 1946">▪ Deprescribing and amendment of prescriptions (independent prescribing), such as: <ul style="list-style-type: none"> <li data-bbox="159 1534 758 1579">▫ synchronisation of prescriptions <li data-bbox="159 1579 758 1624">▫ interventions to improve adherence <li data-bbox="159 1624 758 1691">▫ optimisation of therapy with formulation changes <li data-bbox="159 1691 758 1946">▫ amendment of treatment to address supply chain shortages 	<p data-bbox="758 645 1414 721">Nationally specified and priced, provided by community pharmacies able to do so</p> <ul data-bbox="758 721 1414 1946" style="list-style-type: none"> <li data-bbox="758 721 1414 817">▪ Pharmacy Contraception Service, including provision of emergency contraception <li data-bbox="758 817 1414 929">▪ Smoking Cessation Service, expanded to provide open-access support to all smokers and users of vapes <li data-bbox="758 929 1414 974">▪ Flu vaccination service <li data-bbox="758 974 1414 1019">▪ COVID-19 vaccination service <li data-bbox="758 1019 1414 1946">▪ Hypertension case-finding service, with the addition of Atrial Fibrillation detection



<p style="text-align: center;">Enhanced services – national</p> <p>Nationally specified and priced, provided by local agreement with the NHS commissioner. Examples might include:</p> <ul style="list-style-type: none"> ▪ Vaccination services (beyond flu and C-19) ▪ Weight management ▪ Management of single LTCs (independent prescribing), e.g. hypertension, lipid control, asthma (including annual asthma reviews) ▪ Medicines optimisation services (independent prescribing), including structured medication review, pharmaceutical care plan, therapeutic drug monitoring and pharmacogenomics 	<p style="text-align: center;">Enhanced services – local</p> <p>Locally specified and priced, provided by local agreement with the NHS commissioner. Examples might include:</p> <ul style="list-style-type: none"> ▪ Direct input into Primary Care Networks, including taking on clinical pharmacist roles ▪ Management of multiple LTCs (independent prescribing) ▪ Point of care testing and phlebotomy ▪ COPD case-finding service ▪ Health checks for specific target groups, using point of care testing with follow-up and a personalised wellbeing plan ▪ Remote/rural services ▪ Care home support
<p style="text-align: center;">Clinical services pilots</p> <p>Services which could be piloted to inform future NHS commissioning. Examples might include:</p> <ul style="list-style-type: none"> ▪ Management of minor injuries ▪ Annual asthma reviews ▪ Menopause advice service, including prescribing of HRT 	<p style="text-align: center;">Local Government services</p> <p>Locally specified and priced, provided by local agreement with the commissioner. Existing examples include:</p> <ul style="list-style-type: none"> ▪ Substance use services, incl. supervised consumption, needle and syringe services, naloxone supply ▪ NHS Health Checks ▪ Smoking and nicotine cessation service ▪ Weight management services ▪ Sexual health and contraception services ▪ Alcohol screening & brief intervention

Subcommittee action

- Review the enhanced matrix set out above and provide feedback on its contents, seeking to agree a version which can be shared with Nuffield Trust and The King’s Fund.
- Consider whether the contents could be split between two versions of the matrix, to show progression over time.



Appendix SDS 05/08/2023

Development of NHS website pharmacy profiles

This paper provides an update on the plans of the NHS Profile Manager team and the NHS website team to update pharmacy profiles and how the new pharmacy profiles will be structured.

Introduction

Over several years, Community Pharmacy England has been lobbying for improvements to be made to the NHS website services listing and the NHS Profile Manager services module.

In 2022, we analysed current service listings, and put together a proposal to the NHS England pharmacy team and the NHS technical teams responsible for the two IT platforms. Since then, discussions on the topic have continued and the NHS website and NHS Profile Manager teams have been developing prototypes for updates to both websites.

On 17th July 2023, we facilitated a Community Pharmacy IT Group meeting about pharmacy profiles. The remainder of this report provides a summary of the developments outlined at that meeting, regarding NHS website pharmacy profile service listings and the new flu vaccine booking link field.

NHS website pharmacy profile service listings

During the meeting, the NHS technical team members demonstrated changes, described as “very early prototype” to be made to the services list on NHS Profile Manager (PM) and the NHS website. These already take into account most of the feedback we have previously provided to them. The NHS website team have also performed patient user research and anticipate further research will be used to help inform the final changes to be made to the site.

On the NHS website pharmacy profile service listings, there are currently three services category headings:

1. General pharmacy services
2. NHS services
3. Private services



Patient user testing carried out by the NHS website team confirms the current services category headings do not mean much to patients, and it is hard for them to read the services page and identify the service that they are looking for.

It is also hard for pharmacy teams to update their profiles regarding which services are being provided because the mirrored category headings have limited usefulness for pharmacy teams using NHS Profile Manager.

New services category headings and services which fall under these

The new services category headings are expected to be:

1. Health & advice services
2. Vaccination services
3. Contraception services
4. Healthy living services
5. Screening & test services
6. Support services
7. Community pharmacy services

The list below is a draft of which services could fall under these headings.

- Health & advice services
 - Minor Ailment (NHS)
 - New Medicine Service (NHS)
- Vaccination services
 - Seasonal flu vaccination service (at-risk groups) (NHS)
 - Seasonal flu vaccination service (not-at risk groups) (paid-for)
 - Travel clinics (NHS)
 - Walk-in Covid-19 vaccination (NHS)
- Contraception services
 - Condom supply (NHS)
 - Emergency contraception (NHS)
 - Emergency contraception (paid-for)
 - NHS Pharmacy Contraception Service
- Healthy living services

- Health check (paid for)
- NHS Health check
- Stop smoking service (NHS)
- Stop smoking service (paid-for)
- Stop smoking voucher service (NHS)
- Weight management (NHS)
- Weight management (paid-for)
- Screening & test services
 - Alcohol screening and Intervention services (NHS)
 - Chlamydia screening and treatment (NHS)
 - Chlamydia screening and treatment (paid for)
 - NHS Blood Pressure Check Service [Hypertension case-finding service]
 - Pregnancy testing (NHS)
 - Pregnancy testing (paid for)
 - Type 2 diabetes screening (NHS)
- Support services
 - Appliance dispensing (NHS)
 - Appliance use review service (NHS)
 - Mobile app to arrange repeat prescriptions (NHS)
 - Prescription delivery service (NHS)
 - SMS repeat prescription reminders (NHS)
 - Stoma appliance customisation service (NHS)
- Community pharmacy services
 - Appointment booking available for consultations (NHS)
 - Appointment booking for consultations not required (NHS)
 - Inhaler recycling
 - Multilingual staff (NHS)
 - Needle and syringe exchange (NHS)
 - Other health professionals onsite (NHS)
 - Private consultation room (NHS)

The following services are being considered for deletion from the current profiles:

- Blood-borne virus testing
- Anticoagulant monitoring service
- Domiciliary support service
- Gluten-free food service
- H. pylori detection test
- Head lice management
- Healthy start vitamins
- Inhaler technique service (NHS) and (Non-NHS)
- Medication review service
- Post-discharge support
- Prescription collection from local General Practices
- Supervised consumption of medicines
- Vaccination service (Non-NHS) and (NHS)

Next steps

Feedback received so far about the proposed change has been largely positive. We will be providing further detailed feedback to the NHS teams as they continue to develop the prototypes. The final timescales for changes to be made to the pharmacy profiles are to be determined.

Search functionality on the NHS website

Over several years, Community Pharmacy England has urged the NHS to develop functionality on the NHS website to allow patients and the public to search for pharmacies providing specific services. An early such development allowed patients to search for pharmacies providing EHC and more recently, a [pharmacy flu vaccination finder](#) has been developed.

Another priority service for a search functionality is the Hypertension Case-finding Service. A recent development within NHS Profile Manager means pharmacy owners can now confirm within NHS Profile Manager if they provide this Advanced service. This is an important first step to being able to develop a search function for the service on the NHS website. The NHS England pharmacy team are also supportive of such a service finder being introduced and this is now on the development roadmap for the NHS website team.



A new NHS website field for pharmacy's 'Flu vaccination online booking link'

Community Pharmacy England has also undertaken work over the last few years to support the case for the development of digital bookings and appointments within NHS and community pharmacy IT systems, to allow patients to be able to book appointments with community pharmacies.

This has included surveying pharmacy owners about their desire for the development of such functionality, to help to increase the priority of such developments on suppliers' development roadmaps, supporting the development of the NHS Booking and Referral Standard (BaRS) and working with NHS Digital to pilot the use of online booking functionality for Microsoft Teams based online consultations in pharmacies.

An increasing number of pharmacies are now making online booking systems available for their patients, particularly in relation to flu vaccinations and private services.

Over the last year, working with the NHS England vaccination team and the NHS website team, we have supported the development of their internal business case for the addition of functionality to NHS Profile Manager so that pharmacy owners can add a flu vaccination appointment booking link to their NHS website profile.

This development followed a pilot of the National Booking Service (NBS) for flu vaccinations in an area of northwest England. The NHS England vaccination team have not been able to find the funding this year to allow the rollout of NBS flu vaccination booking to all pharmacies, but it will be available to any pharmacies also providing COVID-19 vaccinations this autumn.

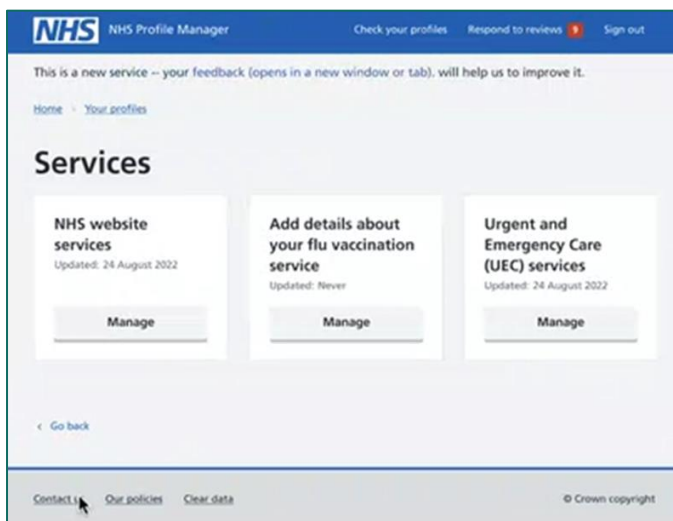
Over the longer-term, we want to see the NBS being developed to comply with the BaRS standard and also to develop application programming interfaces with other booking systems, such as those used by some pharmacy owners. The NHS England vaccination team have recognised the value of such developments, but any such developments will clearly need additional funding to be approved within the NHS to support the development of the system.

In the short-term, the addition of the booking link functionality within the NHS website profile of pharmacies will allow pharmacy owners to direct patients to their own online booking system or the NBS (if the pharmacy is a C-19 and flu vac provider).



The NHS technical teams are working to introduce this functionality as soon as possible. While this development is to be welcomed, we have repeatedly made the point over the last year about any such functionality being added well in advance of the vaccination season, but on this occasion, this has not been possible for NHS England to achieve.

Screenshots of the prototype development are shown below.



Subcommittee action

- Provide feedback on the proposed new approach to categorisation of services on the NHS website and the other developments detailed above.