

1.15pm



Present: Phil Day, Sami Hanna, Clare Kerr (Chair), Olivier Picard, Faisal Tuddy.

In attendance: Alastair Buxton, Janet Morrison, David Onuoha, Rosie Taylor, Sue Killen, Anil Sharma, Lindsey Fairbrother, Prakash Patel, Gary Warner, Beran Patel, Sian Retallick, Jas Heer, David Broome, Marc Donovan, Stephen Thomas, Niamh McMillan, Adrian Price, Ifti Khan, Ian Cubbin, Peter Cattee, Ian Strachan, Mike Dent, Daniel Fladvad, Gordon Hockey, Katrina Worthington, James Wood.

**LPC representatives:** David Dean, Ashley Littlewood–Miller, Artur Pysz, Alison Freemantle, Amish Patel, Mark Anyaegbuna, Mark Donaghy, Sarah Davis, Julia Powell.

#### Item 1 - Welcome from Chair

1.1 The Chair opened the meeting and welcomed the attendees including LPC representatives.

## 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 and matters arising

4.1 The minutes of the subcommittee meeting held on 31st January 2024 were approved.

## Item 5 - Draft Workplan for 2024/25

- 5.1 The subcommittee considered the draft workplan for 2024/25 reflecting on potential amendments or additional items which could be added. Further detail will be added to the plan as work progresses during the year.
- 5.2 It was noted that the target timings for work to be undertaken are from the main Committee plan agreed at the last Committee meeting; some of those may need to be amended in due





course, e.g. those relating to the conclusion of the current negotiations.

# Item 6 - Implementation update: Pharmacy First and the other clinical services

- 6.1 The subcommittee considered the information on implementation support provided for the various clinical services over the last few months.
- 6.2 The following points were noted:
  - The Chair and another member of the Subcommittee acknowledged the hard work of the Services Team in providing support and resources on Pharmacy First and the other clinical services over the last couple of months.
  - It was agreed that getting the message out to the public about Pharmacy First is very important and the marketing campaign is imperative to this. A comment was made that tweaks may need to be made to the NHS England campaign materials, for example, concern has been raised around the age of the person on the otitis media clinical pathway adverts and this has caused public confusion around the age groups that can access this clinical pathway.
  - The subcommittee was asked what else we as Community Pharmacy England, LPCs and individual pharmacy owners can do to promote the service. Alastair Buxton highlighted the recently published animation, which is aimed at GP practices and advised that the comms team is considering commissioning a similar animation aimed at patients. This could then be used in GP practices and pharmacies to highlight the service. He also highlighted the PCN engagement Pharmacy First implementation support (covered in LCS Appendix LCS 05/04/2024) as another way that will help with the engagement of GP practices.
  - Inclusion of Pharmacy First on the NHS app and GP apps were highlighted as options to help improve visibility and awareness of the service. Alastair Buxton advised that work is ongoing on the NHS website content on Pharmacy First and also that work is ongoing on updating the 111 online functionality to make referrals to the service.
  - Concern was raised about the number of consultations being carried out by pharmacists that do not pass the gateway point. David Onuoha highlighted that there does appear to be, based on calls to the Services Team, some confusion as to when you can make a claim. The team has written a 'When can you claim? guide which highlights the different





- scenarios of the service when you can make a claim and when an entry needs to be added to the Pharmacy First IT system. This is currently being reviewed by NHS England.
- A suggestion was made about producing a support document for GP practice teams to assist them with understanding when a referral could be made. Alastair Buxton advised that NHS England should have published their GP toolkit by now, but unfortunately this has still not been published.
- It was highlighted that it would be helpful to issue reminders to pharmacy owners about the Community Pharmacy England resources available to help them to deliver the service.
- Olivier Picard highlighted a collaborative session he had had with a local GP on the Pharmacy First service; he was asked to provide further details so this could be written up as a case study.
- No concerns or suggestions were made on the rollout of the other clinical services and the support materials provided for these. Alastair Buxton advised that the Services Team is going to be publishing a series of reminder news stories, with the first one being published today, on the Hypertension Case-Finding Service. The aim of these is to help maximise the potential of the service. We will then aim to do a similar series of news stories on the Pharmacy Contraception Service at a later date. It was agreed that the PCS will be considered further at the next subcommittee meeting.

## **ACTIONS:**

- Olivier Picard to send to the Services Team further information on the collaborative session he had with his GP colleague on Pharmacy First so this can be written up as a case study.
- All Committee members to send examples of good practice in relation to Pharmacy First and suggestions of pharmacy team members who could potentially participate in a further webinar on the practical provision of the service.

# Item 7 - Vaccination update

7.1 It was noted that the JCVI guidance on future vaccination programmes would likely mean the state funded provision of C-19 vaccinations will become more restrictive. The private vaccination option was consequently good news for patients and a positive development for





pharmacy owners.

- 7.2 Alastair Buxton noted the primary concern regarding the NHS England proposal for the nineteen-month commissioning period was the fee remaining the same over that period; that would be raised with NHS England.
- 7.3 Pharmacy owners were experiencing difficulties when they were asked with short notice to vaccinate in care homes. In some cases, GPs had already undertaken flu vaccinations in a care home, but they refused to undertake C-19 vacs; without co-administration of both vaccines, the service was not viable for the pharmacy. Similarly, the cost of administering vaccines in patients' homes was not thought to be viable with the current funding, as over and above the time taken to travel to the house and administer the vaccine, there was often significant additional workload to organise appointments with this group of patients. It was reported that requests to vaccinate care homes were often received with very short notice; this was something that would be raised with NHS England and it would also be raised with LPCs, as they could discuss this with the ICB staff who are managing the service locally.

#### **ACTION: Committee members to send to the Services Team:**

- arguments for additional funding for the C-19 vacs service, including any associated data (by 26th April).
- specific changes to the C-19 vac operational processes which would make it easier for pharmacy owners to provide the service.
- 7.4 Irritation was expressed that the start date for the flu vaccination service in October had not yet been specified by NHS England. It was noted that they were awaiting a decision on this by JCVI. The matter would be raised again with NHS England. It was also noted that NHS communications were needed to manage the expectations of patients wanting the service in September.
- 7.5 Gordon Hockey would be asked to clarify the legal position on pharmacies operating vaccination sites away from registered pharmacy premises, as was envisaged in stage 2 of the proposed procurement of vaccination sites.

# Item 8 – Future service development options and prioritisation

8.1 Feedback was provided on the results of the service prioritisation exercise at the last



meeting.

- 8.2 The opportunities for GPs to refer patients to the Hypertension Case-finding Service were discussed. It was noted that the increasing range and volume of services needing consultation rooms was now leading many pharmacy owners to identify a need for additional rooms to be installed.
- 8.3 Feedback on the PA Consulting analysis of service opportunities was provided.
- 8.4 The next steps in this work are to merge key elements of the PA priorities with the top results from our prioritisation. That list would then be reviewed and subsequently it will be discussed with DHSC and NHS England following the current round of negotiations, in order to inform a shared vision on the future of the CPCF.

# Item 9 - Service aspects of the 2024/25 negotiations

9.1 The information in the agenda was noted.

# Item 10 - Digital NHS Health Checks

10.1 The information in the agenda was noted.

# Item 11 – Collecting pharmacy self-care consultation data to inform negotiations

11.1 Alastair Buxton provided an overview of the process which has been agreed to collect pharmacy self-care consultation data. Richard Brown has been commissioned to manage the Advice Audit, which will be the fourth time this has been completed. Pharmacy owners will be asked to collect data for one day in early June. They will also be asked if they would be willing to capture data on an ongoing basis to see if there is an appetite to carry out this activity.

## Item 12 - Miscellaneous matters of report

12.1 This was a matter of report.

## Item 13 – Any other business

13.4 NHS England clinical services evaluation – Alastair Buxton advised that NHS England has commissioned RAND Europe to conduct an independent evaluation of community pharmacy clinical services. NHS England is planning on cascading a message out via the regional teams to alert pharmacy owners that this is happening and that they are looking for a sample of





pharmacy owners, pharmacists and their teams and other stakeholders to participate in an interview and patients to participate in interviews or focus groups. Alastair Buxton has also been asked to sit on the Advisory Board for the evaluation that RAND will report to each quarter.