

PSNC Minutes

For the meeting held on 15th and 16th January 2013

At The Midland Hotel, Peter Street, Manchester, M60 2DS

Present: Paul Bennett, Dhiren Bhatt, Christine Burbage, Mark Burdon, Peter Cattee, Liz Colling, Mark Collins, Ian Cowan, Ian Cubbin, David Evans, John Evans, David Gill, Mark Griffiths, Elisabeth Hopkins, Tricia Kennerley, Andrew Lane, Rajesh Morjaria, Andy Murdock, Garry Myers, Bharat Patel, Indrajit Patel, Kirit Patel, Rajesh Patel, Umesh Patel, Janice Perkins, Chris Perrington, Bruce Pimlott, Adrian Price, Alan Robinson, Gary Warner

In the Chair: Sir Peter Dixon (on Tuesday 15th only)

In Attendance: Alastair Buxton, Harpreet Chana, Shiné Daley, Mike Dent, Mike King, Steve Lutener, Barbara Parsons, Komal Patel, Sue Sharpe, Zoe Smeaton

1. Apologies for absence

Apologies were received from Peter Dixon for Wednesday 16th (Bruce Pimlott deputised for him) and Andy Murdock for Wednesday 16th.

2. Minutes of the last meeting of PSNC

The minutes of the PSNC meeting held on Wednesday 10th October were approved.

3. Matters arising from the minutes

None.

4. Chairman's / Chief Executive's report

Chairman's Report

Rajesh Patel was congratulated for his recognition in the New Year honours list for his service to pharmacy. The Chairman commented on the NHS Commissioning Board and noted that the Board seemed to be seeking to control CCGs very closely.

The Chairman briefly spoke about the Francis Inquiry which is due to be published shortly and George Alberti's report which he commended and noted that it would most likely be effective in putting a spotlight on core areas such as older people's institutions.

CEO's Report

The CEO reported on principal activities over the last few weeks including negotiations on future funding.

Gary Warner's NMS evaluation is very encouraging – based on PharmaBase/PharmOutcomes data clear gains in adherence are shown, lower than the original study but still substantial.

Mike Dent hosted a funding webinar last week for contractors/LPCs that had immensely positive feedback. Although there was a great deal of work associated with it, this does seem a communication tool that could be used to a greater extent in the future.

We have still not resolved business continuity planning, and have asked DH for an exemption from IG319 for 2012-3, as it is now too late to expect contractors to make any progress before the end of March.

BSA Accuracy payment rechecks – this should be done by the end of the financial year, with payments by May.

The feedback from the LPC conference was overwhelmingly positive about the new format. Our LPC reference group met with Mark Collins and policy team members, and further improvements have been identified, that will be discussed at LIS. It was very encouraging to hear a number of reports at the conference of future commissioners being anxious to work with pharmacy. One issue raised in the LPC feedback was the suggestion that PSNC's planning meeting should follow the LPC conference; that seems valid, so we have booked the conference for 5th November this year.

We are now planning the CPC and aim to get the invitations to speakers out soon. It will focus on commissioning, with an emphasis around public health, but we also plan to offer in the break-out sessions at the end of the day a session on funding, as we expect that the settlement will have been made before then.

On Public Health, substantial progress has been made by the Pharmacy and Public Health Forum Task Groups. Task Group Four, on which PSNC has representation, has produced its final draft report on the potential strategic repositioning of community pharmacy in the context of the wider health system. This report is due to be ratified by the Forum next month before being submitted to DH.

Task Group One, which looked at the evidence for public health pharmacy and Task Group Three, establishing standards for public health pharmacy, are both on track to deliver their findings in the Spring. Finally Task Group Three, supporting the roll out of HLPs is due to examine the Pathfinder evaluation at its meeting next week before making its recommendations. Two further Task Groups will be established in early 2013, the first to consider the workforce implications following the work of the first four Task Groups, and the second to consider resource and sustainability.

Norman Lamb has confirmed that DH will not proceed with an outcomes strategy for LTCs, but will ask the NHS CB to produce proposals on how the new systems will work. We will work to promote pharmacy services to the Board.

CPF project - 9 non 'big 4' pharmacies have been identified in Wigan for the over 65s element of the project; 4 for the Wirral. We think it is important to test the service in the wider pharmacy estate, but there are cost implications, and we will consider them later in the meeting.

We have also had considerable exchanges with DH over methadone fees. FunCon will pick this up: finding a system that is reasonably fair for all the varying practices across the country and that BSA can cope with is proving immensely difficult.

As we move towards April and the transfer to new systems a number of key papers have been published. Steve has worked on the draft regulations, and the DH and NHS CB has produced an electronic standard form contract for commissioning. Steve has also partnered with the other contractor professions' representative bodies to approach the NHS CB about recognition of LRCs. Dame Barbara Hakin has responded positively to the proposal for a partnership approach with the four professions.

The Team that will be responsible for commissioning primary care services including pharmacy is now in place, and Alastair will report on our meeting with them last week. They are beginning to get to grips with some of the issues we need to be resolved.

Discussions with Commissioning Development Directorate and general NHS update

Sue Sharpe and Alastair Buxton recently met with Deborah Jaines and David Roberts who will be key contacts in the NHS CB. Jeannette Howe, Keith Ridge and Clare Howard were also present at the meeting.

Deborah (Head of Outcomes and Primary Care) is a former PCT Director of Commissioning and CCG Chief Officer in Nottinghamshire. She works for Ben Dyson and her remit is split into three areas:

1. Contracts – David Roberts covers pharmacy, dental and optometry.
2. Primary care strategy development.
3. Outcomes and incentives – the commissioning outcomes indicator set and the quality premium.

Jeannette Howe is policy lead for pharmacy at DH, including the legal framework for pharmacy, drug reimbursement and pricing.

Keith Ridge is NHS CB CPhO (Medical Directorate), reporting to Martin McShane (Domain 2 – LTC lead). He remains the DH CPhO, acting as the government's chief adviser on pharmacy. His role at the Board will be leading the medicines optimisation work as part of the NHS CB medicines strategy.

Clare Howard is NHS CB deputy CPhO. The medicines strategy will be Clare's key focus. She has a community pharmacy background and then moved into primary care pharmacy at PCTs and SHA.

David Roberts is currently Head of Dental Finance and Performance at DH. He previously worked in MPI over 10 years ago. At the NHS CB will be looking at contractual issues for primary care, ensuring strategic fit. He recently sat on Mike Farrar's sub-group on the PPH Forum.

Deborah said she was absolutely convinced of the role of community pharmacy in primary care. There was a great interest in the development of the primary care strategy across the Board. She envisaged it being jointly developed by three groups – LATs/regions; the Commissioning Assembly; professional networks, colleges and negotiators. PSNC needs to be suitably influential in the development of the primary care strategy.

PSNC explained to Deborah and David the role of community pharmacy and our aspirations for the future. We would want to:

- continue the partnership working and collaborative relationship we had developed with DH;
- be able to feed in to appropriate strategy development within the Board;
- see development of new national services; and
- maximise the opportunity the creation of the Board presented to 'pull together' policy on primary care.

Francis Inquiry could lead to more reorganisation

The health secretary has told *HSJ* he expects the Mid Staffordshire Foundation Trust public inquiry to propose "pretty serious policy changes and potentially some structural changes", potentially leading to more NHS reorganisation. The Francis Inquiry is due to be published shortly.

Integration

A project to enable services to be brought together in health economies, beginning in the first half of 2013, was recently discussed at a round table meeting at the King's Fund convened by health minister Norman Lamb. The meeting was attended by leading figures from Monitor, the NHS Commissioning Board, local government and patient groups. It is understood that ministers are planning to support a series of large-scale integrated care "experiments", which could result in a movement away from payment by results.

Telehealth

Speaking at an Age UK conference in November, Jeremy Hunt announced that 7 ‘pathfinders’ – NHS and local authority organisations including CCGs – are to agree contracts with industry suppliers that will mean 100,000 people being able to benefit from telehealth in 2013. Leading technology companies will be supplying the NHS with the technologies and services at no upfront cost. This is part of the overall ambition to make progress towards 3 million people benefitting from telehealth by 2017.

Research funded by the Department of Health has showed that using telehealth could result in a 20% reduction in emergency admissions, a 15% reduction in A&E visits and a 45% reduction in mortality.

Duty of Candour

NHS organisations will be required to tell patients when mistakes have been made and their safety compromised under a contractual duty of candour announced by DH in early December. From April 2013 the NHS Commissioning Board will include a contractual duty of candour in all commissioning contracts; it is currently unclear how this will impact on the CPCF.

The contractual duty will be used by clinical commissioning groups and included in their contracts with NHS providers and will also apply to private providers contracted to deliver NHS-funded care using the NHS Standard Contract.

Friends and family test

The new friends and family patient satisfaction test should initially be largely restricted to acute care settings rather than rolled out universally, according to a Department of Health cost-benefit analysis. When the prime minister announced plans to roll out the test in May, he spoke about its use in acute care settings.

The impact assessment said the costs of extending the test beyond acute settings and maternity services to areas such as primary and community care were considerable and the benefits were “low”.

However in December it was reported that DH has asked the NHS CB to come up with proposals on how the test can be rolled out to GP practices over the next 18 months. The plans may include asking patients to respond to the question on the internet once they have used the practice.

Commissioning Support Units

HSJ has reported that the leaders of the 23 Commissioning Support Units are frustrated by an ongoing lack of clarity over how much income they will receive from the NHS CB. It is understood the board is reviewing what services it plans to buy from CSUs, leaving their leaders in the dark about, for instance, the extent they will support the board in commissioning primary care or specialised services.

One senior CSU figure said they had been told to assume that they would receive no income at all from the board, because services such as human resources could be provided in-house rather than through CSUs. The source said this was contrary to most people’s previous understanding of how the board would operate.

Meanwhile Bob Ricketts, the NHS Commissioning Board’s director of commissioning support strategy, told *HSJ* plans to “externalise” commissioning support units should be given a lower priority over the next two to three years than establishing a market in support services; the immediate focus should be on ensuring the market was capable of supplying clinical commissioning groups with high quality services.

He said the board was considering establishing “light touch regulation” of the quality of commissioning support, which would apply to CSUs, the private sector and CCGs supplying support services to their peers. The board is also likely to set up a “continuity of service” regime to ensure a CSU’s failure would not leave CCGs without services, and give extra support to CCGs to enable them to be informed customers of support services.

Public health functions of the NHS CB

The NHS CB and DH have published their detailed agreement showing how the NHS CB will drive improvements in the health of England’s population through its commissioning of certain public health services.

The agreement sets out the outcomes to be achieved in exercising these public health functions and provides ring fenced funding for the NHS CB to commission public health services.

The services commissioned as part of this agreement are those where there is, for example, alignment with national clinical pathways and added value of central commissioning. The services included in the agreement are:

- national immunisation programmes
- national routine screening programmes (non-cancer)
- national routine cancer screening programmes
- children’s public health services from pregnancy to age 5
- child health information systems
- public health services for people in prison and other places of detention
- sexual assault referral centres

The agreement provides the NHS CB with £1.8bn from the public health budget for these programmes, in addition to other funding provided for public health in primary care.

GMS core services

Dame Barbara Hakin has indicated that the “core” services which should be provided by all GP practices for their basic contract value should be decided locally among practices. The issue is likely to arise as the NHS CB attempts to equalise core income in coming years and standardise practices’ contracts.

Dame Barbara told the NHS Alliance conference that some CCGs were already drawing up lists of core work. Her comments came in response to a question on how commissioners could decide what they should pay for as Enhanced services.

ACTION

5. The PSNC Plan 2013

The Committee reviewed the Plan and approved it. One addition was agreed, to add a bullet on co-operation with other bodies.

6. The PSNC Budget

Following a discussion the committee agreed a 1% levy increase.

There were additional comments from the Committee and majority felt that the budget should be clearly communicated to the LPCs so that there is a better understanding of the committees’ decisions.

RATIFICATION

7. Resource Development & Finance Subcommittee

The minutes of the subcommittee meeting were presented by Mark Burdon and the recommendation was accepted. Mark Burdon thanked Kirit Patel for his work in developing ideas for new revenue streams.

8. Service Development Subcommittee

The minutes of the subcommittee meeting were presented by Gary Warner. Gary Warner thanked Steve Lutener for all his hard work on the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

9. LPC & Implementation Support Subcommittee

The minutes of the subcommittee meeting were presented by Mark Collins.

10. Funding & Contract Subcommittee

As all members of the Committee had attended the Subcommittee meeting, it was not necessary for the minutes of the subcommittee to be presented.

It was agreed that Drug Tariff simplification and Supply Chain issues should be discussed in more detail at the next PSNC meeting in March where actions can also be proposed.

11. Appointments Panel

Dhiren Bhatt informed the Committee that the Appointments Panel discussed Peter Dixon's tenure as Chairman as his term of office comes to an end in August. The panel would like Peter Dixon to continue as Chairman and he had expressed his desire to do so. The Committee agreed to this proposal. It was noted that Peter Dixon's appraisal took place yesterday.

12. Matters of Report and Any Other Business

The dates of future committee meetings were noted and a brief discussion on confidentiality held.

LPC members from LPCs in the locality were invited to join the Committee for lunch and a meeting with the subcommittee chairs and CEO following the meeting on Wednesday 16th January. Members of LPCs in the locality of future PSNC meetings will be invited to attend in a similar way for future meetings.

Bruce Pimlott informed the Committee that he will be retiring from Morrison's at the end of January 2013 and will be stepping down as a PSNC member. He said that he enjoyed his time on PSNC and wished everyone every success in the future. On behalf of the Committee, Dhiren Bhatt thanked Bruce and wished him a happy retirement.