

PSNC Service Development Subcommittee Minutes

for the meeting held on Tuesday 14th May 2013

at Old England Hotel, Bowness on Windermere, Cumbria, LA23 3DF

Present: Stephen Banks, David Evans, Elisabeth Hopkins, Indrajit Patel, Alan Robinson, Omar Shakoor, Gary Warner (Chairman)

In attendance: Christine Burbage, Mark Burdon, Alastair Buxton, Peter Cattee, Harpreet Chana, Liz Colling, Mark Collins, Mike Dent, Peter Dixon, John Evans, Trish Kennedy, Steve Lutener, Raj Morjaria, Barbara Parsons, Janice Perkins, Sue Sharpe

1. Apologies for absence

Apologies for absence were received from Adrian Price.

2. Minutes

The minutes of the meeting held on 12th March 2013 were approved.

3. Matters arising

None.

4. Work Plan

The progress made against the 2013 work plan was considered and approved by the subcommittee.

ACTION / RATIFICATION

5. Development of future medicines optimisation services

Alastair Buxton gave a presentation on options for the future development of community pharmacy medicines optimisation services. Discussions on the best options to pursue included:

- The RPS medicines optimisation principles will be used by NHS England in developing their strategy for medicines optimisation and must be taken into account;
- The need to approach development of these services from a value perspective;
- Consider the topics included in NPSA reports when assessing therapeutic areas for service development;
- A wide spread of possible services areas was supported, possibly starting with an 'isolated' disease as a starting point;
- Set principles for assessing different service development options, e.g. demonstrating value for commissioners, outcomes for patients and practicality for provision in community pharmacy;
- An economic case to identify cost savings is required in current climate. If there is no cost benefit for commissioners, it won't get commissioned;
- Need to identify greatest pressure points for commissioners (e.g. A&E), feasibility, size of market and relationship to commissioner targets (e.g. reducing long term care costs);
- Discuss options with GPs and ascertain what they would consider to add the greatest value;
- National commissioning or templates are the preferred approach;
- Continue to consider developing those areas with identified partners, e.g. diabetes and asthma.

6. Dementia

The Dementia challenges set out by the Prime Minister were discussed, in particular the registration of pharmacy staff as Dementia Friends. Presently there is limited activity in community pharmacy on this topic, but the possibility of training being funded by LETBs will be investigated. The experience of HLPs

with Healthy Living Champions has shown that a trained specialist can make a difference and Plymouth have now included Dementia Friends in their HLP quality criteria.

Raising awareness and early diagnosis, which will save NHS costs, were identified as two areas which pharmacy could be involved in, as they see patients on other medication and can refer when deterioration is identified. Dementia was also included in the areas to be looked at in medicines optimisation service development. Funding for research in dementia services is available should a suitable topic be identified in community pharmacy.

7. The Francis Report – implications for community pharmacy

PSNC has already discussed action in response to the report with the RPS and will attempt to facilitate a meeting with the other pharmacy bodies and GPhC to discuss responses across the sector and to avoid duplication of effort.

It was noted that pharmacy had not been asked to comment during the inquiry, and were therefore not directly implicated in the report, but there is a need to develop community pharmacists' understanding that there are implications for the sector. Pharmacy professionals have a responsibility to raise concerns if they identify issues that cause them concern.

It is expected that the patient safety angle will be scrutinised, but further regulation should be avoided.

The summary from the SDS paper will be used as a basis for a group discussion at the July meeting on new quality measures for inclusion in the NHS CPCF.

8. Rural Working Group

a) Appointment of Chairman

Ian Cubbin was appointed as Chairman of the Rural Working Group.

b) Minutes of the Rural Working Group

The confidential minutes of the last Rural Working Group were noted.

c) Appointment of Members

The uncontested regions nominations were accepted and the members appointed:

Yorkshire & Humber	Phil Bratley
South Central	Olivier Picard
South West	Sue Taylor

After consideration of the information provided by the candidates, the following nominations were accepted in the contested regions:

East Midlands & South Yorkshire	Avril McDermott
South East Coast	Mike Keen
West Midlands	Les Yeates

Other regions

North Eastern – a decision on their nomination will be reached soon and members of the subcommittee will be asked by email to approve the nominee. No nominations have been received from the other regions.

REPORT

9. Procurement, Competition and Choice in the new healthcare landscape

The information in the agenda was noted. Steve Lutener and Alastair Buxton had met with Monitor. Monitor appeared to be genuinely keen to ensure a level playing field was in operation, which may assist in tackling problems with direction of prescriptions.

10. Changes to the GMS Contract in 2013/14

The information in the agenda was noted. The changes to QOF are mainly to the thresholds for regarding points and it was understood that this has led to an overnight reduction in practice income, with efficiencies being investigated by practices and some GPs actively looking at divesting services where there is a marginal profit or additional staff are required.

As noted in the agenda, risk stratification could assist in identifying patients that would benefit from community pharmacy services.

11. Urgent and Emergency Care

The information in the agenda was noted. A short verbal report was given on a recent meeting with NHS 111. The national NHS 111 team believe the service is reaching gold standards in many areas, with local providers being blamed for poor performance. The Directory of Services can be changed to include community pharmacy services at a local level, and examples of best practice will be shared with LPCs.

12. Public Health Services

The information in the agenda was noted. It was noted that a recent report had suggested the National Screening Committee was reconsidering the health economic case for population screening for diabetes. This was already included in the NHS Health Check. Collation of community pharmacy experience of providing diabetes screening and any evidence on impact would be undertaken.

13. New Medicines Service (NMS)

The information in the agenda was noted.

14. Developing consultation and communication skills for pharmacists and pharmacy technicians

The information in the agenda was noted.

15. EPS

The information in the agenda was noted.

16. Information Governance

The information in the agenda was noted.

17. Any other business

None.