

Primary Care Appeals - Pharmacy User Group

Wednesday 3 November 2021 at 12:30pm
Via MS Teams

Members	Job Title/Organisation
Jonathan Haley (JDH)	Head of Operations, Primary Care Appeals
Sanjay Sekhri (SS)	Deputy Director of Advice and Appeals
Alison McCafferty (AMC)	Case Manager
Phil Bratley (PB)	Panel Member (Pharmacy), Primary Care Appeals
Jo Severn (JS)	Boots UK Ltd
Matt Cox (MC)	Lloyds Pharmacy
Sally-Anne Kayes (SAK)	NHS England
Marie Wharton (MW)	NHS England
Gordon Hockey (GH)	PSNC
Anthony Edwards (AE)	Well Pharmacy
In attendance	Job Title/Organisation
Fiona Richardson	Case Manager
Charlotte Crane	Accenture (item 7 only)
Tara Duffy	Accenture (item 7 only)
Apologies	Job Title/Organisation
Noel Wardle (NW)	Temple Bright
Rachel White (RW)	Technical Case Manager, Primary Care Appeals

Item	Description	Action
1.	<u>Apologies for absence</u> Rachel White is on maternity leave. No apologies for absence were received in advance. Noel Wardle however was not present at the meeting.	
2.	<u>Minutes of last meeting</u> These were approved and will be published.	JDH
3.	<u>Outstanding actions</u> Item 67 - Raise at NHSE Contract Managers meeting the need for proper assessments when directing pharmacies to open.	

	<p>SAK reported that the issue was raised with local teams however a lot of time has been taken up with Covid-19 vaccinations so SAK may need to go back again to local offices.</p>	
4.	<p><u>PCSE update</u> JDH reported that a representative from PCSE was not available.</p> <p>GH reported that one or two things on the procedure need to be corrected on the PCSE website portal – nothing major. GH reported that FTP continues to cause a bit of an issue with variations in the way that NHS England approach FTP for contractors depending on the geographic area. GH expressed how contractors often feel frustrated with the FTP process and how if their applications are accepted by one HWB area why couldn't the information be transferred to another HWB area.</p> <p>SAK reported that the way in which FTP is dealt with in HWBs is in the Regulations so there is not a huge amount that either PCSE or NHS England can do to change the process (the Contractors have to go through the full FTP process due to the way the Regulations are worded). SAK suggested that this could be something that can be picked up with Department of Health and Social Care. SAK reported that where information can be re-used, NHS England do try to do so, however if it has been a while since the application was processed, it may be that they cannot find the information. Meetings have been taking place across relevant teams to even out the process as some of it is done differently across areas and this is frustrating for all involved in the process.</p> <p>GH thanked SAK and reported that he will take-up the issue with the Department of Health and Social Care.</p> <p>JDH asked GH if there is an urgency getting this sorted out taking into account the changing landscape of ICS's. GH agrees that there is an amount of urgency and doesn't think that the burden will be too great in approaching the subject with DHSC.</p> <p>MC stated that FTP doesn't sit in the contract management team, and it is dealt with by the performers list team which is outside the main pharmacy directorate – it is in the medical directorate. The actual process sits with pharmaceutical advisors which are part of a different directorate. All agreed that there is often difficulty when it sits with a different function.</p>	
5.	<p><u>Progress on equality, diversity and inclusion</u> JDH reported that as had been discussed at the previous</p>	

	<p>PAUG meeting and wanted to provide an update. By way of a reminder JDH explained that Appeals were going to begin to collect the demographic data of service users and track their journey. At the last meeting, he had been asked to consider extending the scope of this work to include the application process.</p> <p>JDH reported that this has not progressed as far as he had wanted it. To do this we will require input from NHS England and at the moment they do not appear in the same place as Appeals. JDH confirmed that despite the delays, Appeals are committed to this and will be reporting back in the future as the work progresses.</p>	
6.	<p><u>Web service subscriptions</u></p> <p>JDH reported that when Appeals met with stakeholders in December a suggestion for service improvement was for service users to be able to subscribe to receiving email updates whenever Appeals publishes a decision or resource on its web pages. JDH reported that progress had been made and that subscribers to the website will soon be able to receive an automatically generated email to this effect.</p>	
7.	<p><u>Core systems programme</u></p> <p>JDH reported that 3 years ago a colleague from NHS Resolution spoke to the PAUG about a piece of work that would lead to a huge transformation within NHS Resolution, including the Appeals service. This work had progressed and Charlotte Crane and Tara Duffy have been invited to talk about the development of a new core system for NHS Resolution which will lead to big changes to the IT system used by Appeals staff and external stakeholders.</p> <p>CC reported that NHS Resolution have been using 3 separate case management systems to manage Claims, Advice and Appeals cases. The Core Systems review will lead to a new system for all 3 functions.</p> <p>Tara Duffy has just joined NHS Resolution and is leading communications for this programme. The project is at the discovery phase at the moment whereby Accenture are assessing what our requirements are and when it will impact users.</p> <p>CC reported that the project is the biggest and most ambitious digital transformation in NHS Resolution history. The system will be implemented in a staggered way with a number of releases taking place. This will start with changes to the Advice system, then Claims followed by Appeals. The development will be over a couple of years. During the pre-Christmas Discovery phase, there will be discussions with different functions as to requirements.</p> <p>JDH reported that this may seem a bit theoretical at the</p>	

	<p>moment but his hope is that the system could be used as a portal to, amongst other things, enable users to track the status of their appeal and to notify users that there is an appeal that requires a response. The new system will mean that external users will no longer need to use multiple platforms and services such as DTS and encrypted email. JDH appreciates that this new system will require navigation for all service users.</p> <p>SAK highlighted that NHS England’s paperwork for pharmacy appeals goes through PCSE. However when NHS England provide a response to the appeal they do so directly so Appeals will need to consider how the system will support all user interaction.</p> <p>JDH asked if GH would be content to have a conversation with himself and CC about PSNC support for messaging the new portal. GH was content to do so especially as bigger companies will get to know the new system quicker however the smaller cohorts may find it difficult. The difficulties may arise when independent contractors are trying to access the system for the first time.</p> <p>SS reported that Appeals are in a good position because it will be last to have the system implemented and learning from Advice and Claims functions will be taken into account with the development of the Appeals system. The wider educational benefits of developing an intelligent system will be important for Appeals going forward.</p> <p>GH agreed that it appears excellent as an option for Appeals bearing in mind that it should be voluntary and not a compulsory system to use. GH asked if there will be a parallel system in place for those who would prefer to use a paper or email system rather than an electronic system.</p> <p>JDH reported that the system should work in a way that means that external users will have the option of emailing appeals or submissions or uploading to the portal The fact that it is not mandatory will be put onto the FAQs.</p>	
8.	<p><u>Virtual Hearings - continuation</u></p> <p>JDH reminded all that face to face oral hearings were paused last spring due to the Covid-19 pandemic and as a result, Appeals had moved towards a virtual hearing operating model which has proved successful. Taking into account the current landscape, JDH presented a paper containing Appeals’ approach going forward to continue to hold oral hearings virtually by default. Face to face hearings will be by exception. This will be continually reviewed over the next 12 months.</p> <p>GH supports the decision and reported that it is working to</p>	

date. GH asked if before any permanent decision is made that it is worth asking stakeholders for their opinions on the change. JDH agreed that revisiting the subject in 5 months' time with a wider range of stakeholders will be beneficial and important.

SS was keen to communicate to the Group that the position of Appeals is in response to the current climate and is not a permanent decision. SS keen to highlight paragraph 5.4 "Any challenge to this, will be on a case-by-case basis and will need justification and a demonstrable, tangible disbenefit of proceeding by way of a virtual hearing. We have not set-out in this document what the exceptions are because any discretion to revert to face to face will ultimately rest with the Pharmacy Appeals Committee appointed for that particular case."

PB reported that panel members have found advantages and disadvantages to virtual hearings. One advantage is being able to complete site visits on a different day to the hearing itself. Another possibility for this is if face to face hearings were returned to in the future, for site visits to be completed on a separate day and the oral hearing could be held at a central point around in the country (Leeds or London) where there is no cost to NHS England to hire a venue.

MC reported that he has attended a couple of virtual hearings and has been pleasantly surprised with how the virtual hearings have gone. MC thought that the panel managed it well. He agreed that it needs to be reviewed and some people may have better IT facilities than others. JDH recognizes the concern around access to digital technology and ensuring that it is a fair process for all parties.

AE reported that he supports the use of virtual hearings during the pandemic and understands that it is a necessary change. AE reported that in his view the virtual hearing is adequate however face to face will always be the superior option.

JS reported that she hasn't attended an oral hearing online however two of her colleagues have. They have both said that although it is not the same as a face to face hearing, it is a good solution to continuing with oral hearings.

SAK reported that a main benefit to holding hearings virtually is that NHS England do not have to find a venue. SAK wondered if there is guidance circulated or test meetings done prior to hearings as some contractors are not as computer literate as others.

	<p>JDH reported that guidance is sent out and meeting links are tested prior to the oral hearing taking place.</p> <p>During the discussion it was mentioned that a Committee member had failed to mute their microphone during the hearing when a break was taken. AMC to feedback to the Appeals administration team that they should mute microphones when accidentally left on.</p>	
9.	<p><u>Any other business</u></p> <p><u>Contractual Framework</u> GH highlighted that a letter had been sent to Contractors regarding the end of year three negotiations. This included the need for regulatory changes to enable NHS England to refuse applications based on small adjustments to core opening hours. GH reported that other conversations that are going on are on the PSNC website.</p> <p><u>Pharmaceutical Needs Assessments</u> SAK reported that new DHSC guidance has been published and a webinar was held yesterday about writing PNAs. GH advised that the PSNC have issued guidance to LPCs regarding PNAs.</p> <p><u>Workforce</u> GH reported that currently there is an issue in the workforce sector with pharmacists being a scare resource at the moment and struggles with recruitment. This is therefore leading to some closures at the moment – an issue on a national level. JDH reported that Appeals have recently received an appeal from a pharmacy against a breach notice in relation to being unable to open due to not finding a replacement for a pharmacist who had resigned due to pandemic health concerns. JDH said this is the reality of primary care at the moment and so we may see more appeals coming through.</p> <p>JDH thanked all for attending. The next meeting will be arranged, date and time TBC.</p>	