



T 0844 381 4180

E info@psnc.org.uk

www.psnc.org.uk

Monitor Call for evidence on general practice services sector in England

By email

GPservices@monitor.gov.uk

Alastair Buxton

Head of NHS Services

0203 122 0825

alastair.buxton@psnc.org.uk

31st July 2013

Dear Sir / Madam

Submission of points to the Monitor Call for evidence on general practice services sector in England

PSNC promotes and supports the interests of all NHS community pharmacies in England. We are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. Our goal is to develop the NHS community pharmacy service, and to enable community pharmacies to offer an increased range of high quality and fully funded services; services that meet the needs of local communities, provide good value for the NHS and deliver excellent health outcomes for patients.

NHS services are stretched more than ever before at the moment under the combined pressures of financial constraints and increasing demand for services. And with the patient base only set to expand further as the population ages and long term conditions become more prevalent, the challenges are not set to go away.

PSNC believes that the NHS can, and must, meet these challenges. But it will not happen without radical thinking and a commitment from all healthcare professionals to play their part. We believe that it will not happen unless community pharmacy is used effectively to play a key role in supporting patients to lead healthy lifestyles and make the most of their prescribed medicines and the care available to them. By reshaping the community pharmacy service, large savings in NHS resources and improvements in health outcomes can be made. Our ideas on how this can be achieved are described in 'The vision for NHS Community Pharmacies – the path to improved patient care' which accompanies this submission.

We highlight below a number of examples of ways in which the current approach to contracting and operation of general practice can sometimes frustrate the provision of community pharmacy services, which can be to the detriment of patients.

Information and IT

Community pharmacies currently do not have access to shared patient records or GP records. This can frustrate the effective provision of services, such as management of long term conditions, by community pharmacies.

The GP record frequently acts as the central coordinating record for the care of an individual and as such it is important that health professionals outside the GP practice are able to submit clinically significant information to be included in this record, for example the results of an NHS Health Check.

This is not easy to achieve in an effective manner as IT systems across primary care are not configured to allow this. Such problems can lead to an uneven playing field, particularly where community pharmacies may be competing to provide services against GP practices or other providers with access to shared patient records. We believe all health

care professionals should have relevant role-based access to shared or GP records where the patient consents to such access.

Incumbency advantages

The central role of some incumbent healthcare providers, for example general practitioners, frequently requires their cooperation with other, potentially competitor, providers. This could, for example, relate to information sharing, as described above.

In such circumstances it can be possible for an incumbent provider to block the provision of new healthcare services by another provider, by preventing effective multi-disciplinary collaboration. At times the blockage may simply occur due to a lack of incentive for the incumbent provider to work collaboratively with other providers, rather than a desire to prevent the provision of services by other providers for anti-competitive reasons.

Commissioning of seasonal influenza vaccination illustrates this point. A great many pharmacies already provide this service on a fee paying basis, but NHS commissioning of the service from community pharmacies has been relatively limited. There is evidence of community pharmacies being able to increase vaccination rates in at-risk groups, where the service is offered over and above the incumbent NHS provision by GP practices.

Local experience suggests that the service has not been widely commissioned from community pharmacies, despite the positive evidence of increased vaccination rates achieved, due to negativity from GP practices about the increased competition which would result from pharmacy provision and the need for GP practices to annotate their patient records when a community pharmacy administers a flu vaccination. We believe that this service would be more appropriately commissioned by NHS England using an any qualified provider approach.

Tendering and commissioning behaviours

The new healthcare commissioning structures present many new opportunities for community pharmacies; however we are concerned that appropriate governance measures are put in place in all of the new organisations in order to ensure a fair and transparent commissioning process is applied. Clinical Commissioning Groups, the Boards of which are dominated by GPs, are of particular concern due to the theoretical potential for the constituent GP practices to exert undue influence on commissioning decisions for services which the constituent practices may themselves wish to provide. This influence could manifest itself as the development of service requirements that favour the constituent practices over other potential providers.

In a similar vein, because the GP-patient relationship is one in which there is a presumption of undue influence, the governance arrangements for GPs should require that they do not, and are seen not to be making recommendations as to potential providers a patient may wish to select. We believe it is particularly important to protect patients' rights to choose to use the pharmacy that they feel best meets their needs.

If you require clarification on any of these points, please do not hesitate to get in touch with me.

Yours sincerely

Alastair Buxton FRPharmS
Head of NHS Services