

## Comments on PSNC Negotiation Priorities and Objectives, September 2020

Thank you for asking for our comments about the PSNC [negotiations asks and objectives](#) over the next 6 months of 2020-21.

East Sussex, West Sussex and Surrey LPCs welcome a more consultative approach by PSNC to develop the negotiation priorities over the next 6-12 months. This is a positive step forward. We hope in future years, more lead time can be given to allow the LPCs to devote meaningful discussions into their scheduled meetings, building this into forward plans. This would also us to feedback with a sure and strong mandate.

As we haven't been able to discuss and agree as committees on this occasion, we are providing comments on topics where the LPCs have previously held policy-based discussions.

We strongly support the work to recognise and fund the additional work being displaced from general practice, beyond what could reasonably be expected as part of the Terms of Service. We have seen numerous local examples and have sought to educate local commissioners and providers about what is currently in scope within NHS funding, calling for either national funding or locally commissioned services to fill gaps in provision created by shifting models of care. We would be happy to discuss further, such as our [briefing note on medication home delivery](#), in January 2020.

A further two areas are submitted as areas for consideration to build on the negotiation priorities based on our local perspective

1. As PCNs and local collaborative working in the NHS continues to grow, we would welcome negotiations to further fund and more importantly invest in the Community Pharmacy PCN lead role, for continuity, beyond those set out in part 2 of PQS for 2020-21.
2. For progress to be made on the work underway to improve accurate, fair and equitable reimbursement. This has been a constant theme of feedback that we receive from local pharmacies, with many being concerned about pockets of local prescribing patterns on margin. Whilst in the main, we have been successful about influencing balanced local prescribing policies, some suppliers and manufacturers of branded medicines (including branded generics) pricing strategies continue to encourage CCGs and local prescribers to prescribe the product by brand rather than generically.

A final point relates to some recent concerns that have been flagged by contractors locally:

3. We are concerned to learn from some local examples that the NHSBSA has not been paying for contractors' temporary safeguarding claims in accordance with the calculation in Part XIVC of the Drug Tariff. Instead it appears that they have applied a different interpretation to the calculation, to the significant detriment of contractors who have claimed. We urge PSNC to highlight this issue to the committee, to contractors and to the DHSC.

We hope this feedback is helpful and look forward to working with you in your efforts on behalf of all contractors.