



Daily Update

Monday 14th September 2020

This daily update contains important information for community pharmacy teams about the ongoing response to the COVID-19 pandemic.

In today's update: call for law change to improve medicine shortages; PNA and market entry regulations introduced.

Pharmacists, GPs and patients call for law change to improve medicine shortages

PSNC has co-signed a letter to Matt Hancock MP, Secretary of State for Health and Social Care, calling for pharmacists to be able to alter prescriptions to minimise the impact of medicine shortages on patient care.

The joint letter from representatives of patients, GPs and pharmacists requests an amendment to medicines legislation to allow pharmacists to make changes to prescriptions and provide a different quantity, strength, formulation or generic version of the same medicine, if it is in short supply. This would help reduce delays in access to medicines and free up health professionals' time which could be better spent supporting patient care.

The letter also calls on the Government to work with stakeholders to implement the changes ahead of the end of the UK transition from the EU at the end of this year.

[Read the letter to Matt Hancock](#)

PNA and market entry regulations introduced

Today, changes to the NHS (Pharmaceutical and Local Pharmaceutical) Regulations 2013) came into force in relation to Pharmaceutical Needs Assessments (PNAs) and market entry applications by [Amendment Regulations](#).

PNAs

To relieve pressure of additional workload this year, revised PNAs do not have to be published before 1st April 2022, for existing and new Health and Wellbeing Boards (HWBs). This gives many HWBs an extra year to publish the next PNA and means that LPCs should not need to be involved in preparatory work until around Spring 2021 or later. [PSNC reported the change earlier this year.](#)

Market entry

To give more time for processing of market entry applications, soon after the start of the COVID-19 outbreak, market entry applications were suspended. This was necessary to allow NHSE&I staff involved to be redeployed to assist the NHS response to the outbreak, and to ensure contractors were protected from the need to read and respond to applications at the early stages of the outbreak.

PSNC worked with NHSE&I clarified the situation in late April and at that time indicated that new regulations were being sought to help resolve some of the problems that emerged. These regulations were drafted some time ago but have been delayed while the whole Amendment Regulation was finalised. They provide that:

- a. *Where a six-month opening period expires after the Amendment Regulations come into force, this automatically extends to 12 months (amendment to paragraph 34(4)(b)).*
- b. *Where a three-month discretionary extension expires after the Amendment Regulations come into force, this is automatically extended so that it ends 6 months after the Amendment Regulations come into force.*
- c. *Where a three-month discretionary extension expires in the six months before the Amendment Regulations came into force. This extension is revived and the period automatically extended to 6 months after the Amendment Regulations come into force.*

Have you seen our latest FAQs?

PSNC's website has a large number of answers to queries posed by pharmacy contractors, their teams and LPCs; these are updated on a regular basis. Recent additions include:

Q. Can a representative of a patient who collects the prescription provide verbal consent for an NMS or MUR consultation?

There has never been an allowance for representatives to provide consent for these services. Consent must be obtained from the patient in all cases, unless the patient is unable to provide that consent due to a lack of capacity and the patient representative can show they have legal authority to provide that consent and will therefore also likely be part of the conversation with the patient.

Keep up-to-date on COVID-19 with our hub page: psnc.org.uk/coronavirus

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