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PSNC Meeting February 2019: Summary Report for Contractors and LPCs

PSNC met in London on Wednesday 6th February and Thursday 7th February 2019. This briefing summarises some of the key topics discussed for pharmacy contractors and LPCs.

PSNC Subcommittee Work and Strategic Plan

Each of PSNC's six subcommittees – Service Development; Legislation and Regulatory Affairs; Funding and Contract; LPC and Contractor Support; Communications and Public Affairs; and Resource, Development and Finance – met in February to consider a wide range of issues. Subcommittee workplans have fed into PSNC's Strategic Plan for 2019/20 which is available [here](#).

NHS Long Term Plan

PSNC considered the recently published NHS Long Term Plan, as well as the five-year GP contract. PSNC Briefings on these two topics are available on the website:

[A Summary of the NHS Long Term Plan](#)

[A five-year framework for GP contract reform](#)

The Committee explored what community pharmacy would need to do to make the most of all the opportunities the two NHS policies represent; any risks and challenges for the sector; and how community pharmacy must work to integrate itself into the emerging Primary Care Networks which are central to both policies.

Committee members heard from Julie Wood, Chief Executive of NHS Clinical Commissioners, which represents CCGs, about the changing local commissioning landscape, what she expects the reforms of primary care to mean for CCGs, and how community pharmacy will need to fit into that. Demonstrating the value of community pharmacy at a local level and getting involved in local Integrated Care Systems planning, should be a priority, and at a national level the sector should seek involvement in the NHS Assembly, Julie said.

The Committee considered what PSNC should do to ensure that the sector is able to take the opportunities presented and to support LPCs in the increasingly complex local engagement work. Potential actions identified for pharmacy in 2019/20 included:

- Mapping the emerging PCNs to pharmacies and LPCs;
- Seeking a multi-year contract that integrates community pharmacy into the PCNs;
- Collating feedback from the DMIRS pilot sites to inform national rollout of the service;
- Collating feedback on NUMSAS to drive development of the service;
- Collating best practice examples of community pharmacy CVD screening services to inform service proposals in line with the NHS Long Term Plan;
- Considering capacity in community pharmacy;
- Working with the NHS on a pilot to model how clinical pharmacists working in PCNs could be employed by community pharmacy contractors; and
- Working on specifications for possible community pharmacy prevention services.

Much of this work will be a priority for all the national pharmacy organisations and PSNC will work with them to coordinate efforts.

Brexit Preparations

PSNC is continuing to support the Department of Health and Social (DHSC) in its contingency planning to ensure the continuity of the supply of medicines even in a possible no-deal Brexit scenario. PSNC's work includes representing pharmacy on official working groups; leading the community pharmacy Brexit Forum (which brings together representatives from across the sector and the wider supply chain to consider issues and to discuss progress and planning with DHSC); and briefing national media journalists who are interested in this topic.

PSNC considered in particular the DHSC Operational Readiness Guidance which all community pharmacy contractors must be familiar with. A PSNC Briefing is available on this topic and contractors are asked to ensure that they have working through the briefing and taken any necessary actions.

[Key actions for pharmacy contractors to prepare for a no-deal exit from the EU](#)

Community pharmacies can find a range of resources, and all the latest updates on PSNC's work on Brexit, on our Brexit page: psnc.org.uk/Brexit The page includes the operational readiness guidance for contractors along with communications resources to help pharmacies to talk to patients about medicine supply and to support LPCs with any local media queries or conversations with CCGs.

Serious Shortage Protocols

PSNC also considered Serious Shortage Protocols (SSPs) which are pharmacy protocols which may now legally be introduced by DHSC in the event of a serious shortage of a medicine in the UK. SSPs will only apply to the specific medicine that is in short supply, and they are likely to set out what actions pharmacies can take to help patients presenting with prescriptions for that medicine. Actions may include providing an alternative strength or formulation, or, in some cases, a clinically suitable alternative medicine.

There are many complexities yet to be resolved and PSNC considered in particular:

- The need to press for pharmacies to be fairly remunerated for any additional workload or responsibilities associated with SSPs;
- Options for endorsement and payment where pharmacies supply medicines under SSPs;
- The need for clear communications to patients and GPs about SSPs, and for these to be backed by the NHS;
- The need for guidance for contractors on SSPs; and
- Options for communications cascades so that pharmacies can easily see which SSPs are in force at any given time – PSNC will prepare a section of its website for this, as well as exploring whether PharmOutcomes or PMR alerts could also be used for this.

PSNC will continue to work with DHSC on the implementation of SSPs and will issue further information for contractors, including a briefing on SSPs, on the PSNC website.

Pharmacy Funding and Margin

As negotiations on future funding have not yet begun, it is expected that PSNC will need to negotiate an interim arrangement with DHSC, and preparations for that work have commenced. PSNC is pressing for a multi-year funding settlement for community pharmacy in line with that agreed for GPs, and we would like to begin negotiations on future funding as soon as possible, but progress has been held up by Brexit contingency planning in DHSC.

The Funding and Contract Subcommittee, as well as PSNC in full Committee, spent time considering the emerging Margin Survey results for 2017/18 and preparing for the upcoming negotiations with DHSC about the results. Each year the results of the survey are subjected to careful analysis by both sides, and this is followed by discussions to reach agreement on a final result and any changes to Category M prices that are needed. The analysis available so far will be the subject of future negotiations and as such remains confidential. PSNC is keen to have this negotiation as part of the wider conversations on future community pharmacy funding.

Developments to the Margins Survey Methodology

PSNC is working with DHSC to develop the methodology for the annual Margins Survey. PSNC's objectives are to make changes to the methodology that allow quicker assessments and corrections of margin delivery, which could help to smooth delivery of margin to pharmacy contractors over the course of each year. We would also like to be able to have a quicker read on the impact of price concession drugs. DHSC will also have its own objectives for changes to the Margins Survey, the implications of which will need to be considered carefully.

Reimbursement and Price Concessions

The Funding and Contract Subcommittee considered the ongoing reports of medicine shortages and the increasing number of price concessions that have been granted since November 2018. PSNC has expressed its concerns about this topic strongly to DHSC and this was also raised in a [letter to Dr Sarah Wollaston MP](#), Chair of the Health and Social Care Select Committee. PSNC has proposed some changes which might improve price setting, such as rolling prices over for more than one month where large numbers of shortages persist.

PSNC has continued to work with the British Medical Association and the Dispensing Doctors' Association on a joint paper setting out our shared principles for a new reimbursement system. The intention is now to share the paper with the NHS, to pre-empt discussions on the topic. The principles set out objectives such as aligning incentives across the system; achieving fairer distribution of margin to all dispensing contractors; and minimising dispensing at a loss.

Quality Payments

The LPC and Contractor Support Subcommittee considered the progress being made by contractors on meeting the criteria for the Quality Payments Scheme (QPS). A great many communications and resources have been published to support contractors in meeting the QPS criteria, including a [recent article in C+D](#) reminding contractors about the need to meet the four gateway criteria. To ensure that they receive all the latest PSNC guidance on the QPS, contractors are advised to sign up for PSNC's emails at: psnc.org.uk/email

The Service Development Subcommittee also spent time considering how the QPS might develop in the future. NHS priorities – including to relieve pressure on urgent care, support integration, reduce harm associated with medicines, improve awareness of mental health issues and promote health and wellbeing – were considered along with the feasibility for community pharmacy of various options, as well as the impact that any possible developments would have. This is likely to be the subject of future negotiations, but anyone with ideas on how the QPS could develop in the future is invited to share ideas with PSNC by emailing services.team@psnc.org.uk

Flu Vaccinations

Despite the complexity this year of implementing differential vaccines for different vaccine target groups, the flu vaccination season appears to have gone well and community pharmacy is on track to vaccinate more people than in 2017/18. An NHS England working group, of which PSNC and the British Medical Association are members, has reviewed the challenges of this season and the learning which should be applied to future years. The collaborative working between all partners that occurred this year to tackle the challenges with the implementation of differential vaccine choices will continue in future seasons.

The Service Development Subcommittee considered the current flu vaccination service requirements and whether there were any changes which PSNC should seek to negotiate for inclusion within the 2019/20 service. PSNC expects to start negotiations on the service for 2019/20 shortly.

Pharmacy IT and FMD

Most GP surgeries are expected to go live with the NHS App between April and June 2019, and PSNC is continuing to work with the NHS App team to influence its future functionality, e.g. so that patients could set EPS nominations via the app.

PSNC has been liaising with NHS Digital on community pharmacy apps included within the NHS Apps Library, and the next round of Digital Assessment Questions (which are used by NHS Digital to assess whether an App can be entered into its library) will include some additional pharmacy specific questions. Dialogue with NHS Digital on this topic is ongoing.

EPS Phase 4 is now being piloted in four sites (within Greater Manchester, Essex, south-east London and Devon) and PSNC is supporting the pilots to identify learnings from the pharmacies involved.

PSNC has continued to work with NHS Digital and DHSC on the Real-Time Exemption Checking project and it is hoped that piloting of this will begin in several pharmacies shortly.

The UK Community Pharmacy FMD Working Group has issued further guidance to pharmacies ahead of the FMD implementation deadline and these can be viewed on the [FMD Source](#) website (which PSNC developed and maintains on behalf of the working group). PSNC considered a draft cost model for FMD which will be used in negotiations with DHSC in due course.

PSNC Guidance, Webinars and Toolkits

Since the last PSNC meeting, a wide range of resources and guidance for community pharmacy contractors and their teams have been produced and are available on the PSNC website. Particular highlights have included resources on [Quality Payments](#); a [webinar](#) on prescription charge exemptions and switching; the [Data Security and Protection Toolkit Briefings](#) and associated [webinar](#); and information and resources associated with [Brexit](#).

Priorities for further communications and guidance in 2019 will include:

- Helping contractors to understand the wider environment in which they are working;
- Reviewing communications to ensure that PSNC and LPCs are not duplicating efforts;
- Considering whether the supply problem reporting process could be improved; and
- Capturing and promoting positive stories about community pharmacy.

Community Pharmacy Technology Working Party

PSNC is keen to explore how community pharmacy can make the most of the opportunities that new technologies present, such as automation in the dispensing process. To help take forward this work, the Legislation and Regulatory Affairs Subcommittee agreed to the formation of a PSNC Technology Working Party. The working party will bring together a range of experts with appropriate knowledge of current and future technological developments relevant to community pharmacy to help PSNC with policy on technology related issues.

Joint Pharmacy Communications Work

PSNC has a new Communications and Public Affairs Subcommittee which met for the first time in February. The subcommittee is keen that community pharmacy works together to ensure that it is talking to external stakeholders with a unified voice, wherever possible, and it was pleased to note that the communications teams of the national pharmacy

organisations have agreed to a framework for this work throughout 2019. The teams will work together on briefings for MPs, a Parliamentary event, collecting positive pharmacy case studies and work with the national media.

Provider Companies

PSNC, working with external legal advisors, has previously provided template documentation to help with the setting up of local provider companies which could bid for and deliver local pharmacy services. The intention is that these companies could bid for services which would then be delivered in local community pharmacies. LPCs have faced a number of difficulties in putting the documentation into action and setting up provider companies, and as such PSNC is now working on revised templates which should help them with this.

The intentions of the changes are to make community pharmacy provider companies:

- Easier to manage as companies;
- More inclusive – including as many independent, AIMp and CCA companies as possible;
- Ensure that community pharmacy is represented as a provider in emerging NHS structures; and
- Ensure that LPCs remain within their statutory remit.

Changes to the Articles include additions to allow the appointment of observers to the Board; to avoid the need for an annual general meeting to reappoint contractor Directors; to make affiliate membership available to all contractors in the Region; and to make clear that the provider company acts for all contractors in the designated area and that it may provide services designed by the LPC.

The drafts are subject to consultation with AIMp and the CCA companies but will be shared with LPCs as soon as possible.

LPC Self-Evaluation and Dashboard

PSNC provides an LPC self-evaluation to help LPCs to assess their performance. In an extension to this, PSNC will now work, with a small group of LPC members and officers, on a dashboard which will allow LPCs to provide their contractors with an at a glance summary the LPC's financial situation, staffing levels, and other key information to help assess their ability to deliver the local engagement work that is becoming even more crucial to community pharmacy.

Pastoral Support

PSNC members have recognised the increasing pressure on pharmacists which is leading to stress and associated health problems, for some. The Committee wanted to offer some support for pharmacists and so considered a proposal to work with the charity Pharmacist Support. The charity offers pastoral support and free wellbeing workshops for pharmacists on topics such as wellbeing, stress management and building resilience. Details of these workshops and how pharmacists can apply for events to be held in their localities will be shared via the PSNC website and with LPCs.

Parliamentary Work and the All-Party Pharmacy Group (APPG)

The Communications and Public Affairs Subcommittee considered PSNC's ongoing Parliamentary work, including to engage with MPs about medicines supply and Brexit, and to support the members of the All-Party Pharmacy Group (APPG). Engagement with MPs is now needed on the NHS Long Term Plan and how community pharmacy can support it, and PSNC will look to produce a briefing to support this and to help any conversations that LPCs may also be having with their local MPs.

Consultation Responses

The subcommittees considered PSNC's responses and initial input to a number of current and upcoming consultations including:

- Developing a patient safety strategy for the NHS ([NHS Improvement consultation](#));
- Initial education and training standards for pharmacists ([GPhC consultation](#)); and
- Professional standards for community pharmacy ([RPS consultation](#)).

PSNC will publish its responses to these consultations on the PSNC website in due course.