



## PSNC Briefing 036/21: Dispensing Patient List Validation

### Background

Regulations under the NHS Act 2006 require NHS England and NHS Improvement (NHSE&I) to consult LPCs on prescribed matters. This devolves certain powers to LPCs on a range of issues, including rural matters. Under the Regulations, NHSE&I must consult LPCs prior to the determination of controlled localities, and on outline consent and premises approval. LPCs also have a right of appeal on controlled localities, reserved locations and the 5-year rule and must be notified of gradualisation decisions. Finally, LPCs may request determination of whether an area is, or is not, a controlled locality and NHSE&I are required to consult LPCs on related housekeeping matters. Among these matters is dispensing patient list validation.

NHSE&I have a duty to ensure that the dispensing patient lists are accurate and to ensure compliance with NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013. This means that from time-to-time NHSE&I, overseen by the regional Pharmaceutical Services Regulation Committee, should undertake a process of validating dispensing patient lists with practices. The validation of dispensing patient lists began in 2013 and NHSE&I should continue discussing the progress of this process with the relevant Local Medical Committee (LMC) and LPC, along with HealthWatch. This practice is separate to the overall practice list validation carried out by Primary Care Support England (PCSE), and NHSE&I should make sure to inform the local dispensing practices so that they understand the purpose of the exercise.

### Dealing with requests for the provision of pharmaceutical services

Patients can at any time request in writing that their GP practice provides them with pharmaceutical services. Having received such a request, the GP practice must then ensure that the patient satisfies one of the conditions outlined in regulation 48. The patient's status will then be amended on the practice clinical system from 'prescribing' to 'dispensing' – this is then transmitted to the Exeter system, which accepts the amendment without validation (besides checking that the practice is a dispensing practice).

Unfortunately, this process has led to a significant number of patients being falsely accepted as dispensing patients over the years, and it is expected that this has may have been exacerbated during the COVID-19 pandemic.

## Levels of dispensing patient list validation

Validation of dispensing patient lists should be undertaken at two levels. First, as stated, the patient must be seen to have met one of the conditions set out in regulation 48. Secondly, the practice must have outline consent or historic rights to dispense to the patient's address **and** premises approval for the premises at which they will provide pharmaceutical services to the patient.

NHSE&I have a duty to check at least once a year that all dispensing patient lists are validated in respect of the 1.6km rule and that all dispensing patients live in a controlled locality (unless they have successfully submitted a serious difficulty application).

According to the 1.6km rule, patients who live within 1.6km of a pharmacy (as the crow flies) must meet one of the exceptions to remain an eligible dispensing patient. Those exceptions are:

- the patient lives within 1.6km of only a distance selling pharmacy;
- the patient lives within a reserved location; or
- the patient has successfully submitted a serious difficulty application

As suggested, patients who do not live within a controlled locality must have had a serious difficulty application granted or they will be unable to have medicines dispensed by their GP practice. NHSE&I is required to publish its controlled locality maps and should check these maps against the addresses of dispensing patients in its area to ensure that no patients living outside controlled localities are having medicines dispensed by their GP practice.

## What to expect locally

Patient list validation is currently overseen by the regional Pharmaceutical Services Regulation Committees at the NHS Regional Teams and NHSE&I. They may instruct a Commissioning Support Unit (CSU) to undertake the work. LPCs should note that periods of gradualisation may need to be agreed and should be prepared to seek assurance about their approach to 'Serious Difficulty' applications. Completing the local mapping is usually the first step.

Subject to the will of Parliament, NHSE&I's expectation is that from April 2022, Integrated Care Boards (ICB) – the new NHS body which will form part of each ICS – will have responsibility for the commissioning of primary care services, including pharmaceutical services, to ICS. This could include management of rural issues too.

However, any shift in responsibility for commissioning pharmaceutical services from one body to another has the risk of local adverse consequences for contractors, through the inevitable disruption to systems which accompanies such transitions. Previous such transitions have led to a loss of organisational memory in relation to the performance of key commissioning functions, as experienced staff who have undertaken key roles at a local level are lost within the reorganised system.

LPCs may want to consider the following roles in support for contractors:

- Understand the regulations and NHSE&I procedures, and how they should be applied locally
- Engage in discussion with NHSE&I as part of ongoing liaison, to be assured of local processes
- Support NHSE&I in any discussions about dispensing patient list validation (and with other stakeholders)
- Assist in planning of the annual process and provide local context where possible

- Contribute historical local knowledge where appropriate

More specifically, during a dispensing patient list validation exercise LPCs may want to consider:

- Informing all contractors about the exercise
- Answer questions and queries from contractors / their teams
- Help pharmacy teams prepare their staff to answer questions and queries from potential new patients and help them understand the implications for their business
- Encourage good joint-working locally during the audit period, and;
- Inform rural stakeholders and people who work with them about the process, along with highlighting the role of community pharmacies, their services and facilities in rural communities and show how best use of the clinical expertise of community pharmacists and pharmacy technicians can relieve some of the pressures on primary care (GPs and A&E departments).

## Case Study – South East LPCs

A patient list validation exercise had not been completed in Kent, Surrey and Sussex for several years. As such, the LPCs secured a commitment from NHSE&I to carry out such an exercise and to commit to an annual process going forward. This exercise saw several thousand patients identified for removal from dispensing lists. Throughout this process, the LPCs worked collaboratively with NHSE&I on contractor communications and were in regular conversation with HealthWatch, the LMCs and other rural stakeholders.

Example resources are available in Appendix 1.

## PSNC Support for LPCs

For further information on this subject, LPCs should read Chapter 33 of NHSE&I's [Pharmacy Manual](#) and/or part 8 of the [Pharmacy Regulations](#). For queries on this guide, please contact:

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For queries on rural matters and the regulations, contact Layla Rahman, PSNC Regulations Officer.  
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# Appendix 1

Subject: *Patients who receive GP Dispensing services in Surrey, Sussex and Kent*

Dear Colleagues

## Dispensing patient list validation audit under the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013

NHS England South East (Kent Surrey and Sussex) have commissioned South Central and West Commissioning Support Unit (SCWCSU) to identify patients in Kent, Surrey and Sussex who currently receive dispensing services from their GP and are not entitled to do so, as they live within 1.6km of a community pharmacy (straight line or radius measurement) as indicated in the Regulations.

The audit has been commissioned by NHS England (NHSE) to ensure compliance with the Regulations by all providers of dispensing services, and will be phased across the three counties starting with Sussex.

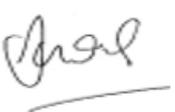
It is anticipated that by mid-summer all patients that currently receive dispensing services from their GP will be removed from the GP dispensing list if they live within 1.6km radius of a community pharmacy. Those patients which have been granted exemption under the serious difficulty rule will not be affected.

It is very possible that the audit will result in opportunities for additional business into your community pharmacy. But this is not guaranteed. Being prepared and helping potential new patients overcome any difficulties that they may experience with getting their prescriptions dispensed will increase the chances of more business.

Distance selling pharmacies are excluded from this audit in terms of the distance criteria, but if they wish can provide pharmaceutical services to these patients if requested.

Going forward the audit will be an annual event from 2020.

Thank you in advance for your help with this.

		
Mike Hedley NHS England Contract Manager (Pharmacy & Optometry)	James Wood CEO, Community Pharmacy Surrey & Sussex	Mike Keen CEO, Kent LPC

## How the audit could affect you and your community pharmacy teams

	Impact on local community pharmacy teams
In April and May SCWCSU will prepare lists of patients likely to be affected and share these with GP Dispensing Practices.	This is unlikely to affect you.  However, some patients affected will be elderly or have difficulty getting to a pharmacy to collect their prescriptions. Such patients could ask about prescription collection and delivery services so you may want to look-into providing these services, if you don't already.
GP Practices will have one-month to review their list and comment.  <i>They may identify patients who have previously been granted exemption under the serious difficulty rule that predates NHS England records</i>	This is unlikely to have a direct effect on you and your teams, although you may hear something from your local GP dispensing practice.  You should tell your staff about the audit so they can start to plan how best to advise any new patients of services you offer, or could offer, in the near future. Consider listing your repeat dispensing services and the GP Practices you already collect prescriptions from.
At the end of the 'GP comment-period' SCWCSU will write to all identified patients giving them 90 days' notice that they will no longer be able to use the dispensing services they receive from their GP.  The letter will also advise patients: <ul style="list-style-type: none"> <li>to identify and "nominate" a community pharmacy, of their choice, to dispense their prescriptions instead</li> <li>that applications for continued dispensing by their GP under the 'serious difficulty' exemption <b>will only be approved in exceptional circumstances</b> and are unlikely to be agreed if there is a local community pharmacy that offers free prescription collection and home delivery services.</li> </ul>	NHS England will let you know when the letters have been posted to patients. Please tell ALL staff in your team that some patients could be worried or unsure what to do, others may have questions for them about: <ul style="list-style-type: none"> <li>your full range of services</li> <li>staffing arrangements and who does what</li> <li>opening hours</li> <li>Surgeries you collect prescriptions from, repeat dispensing and home delivery services.</li> <li>Consulting rooms</li> </ul> Overall please do what you can to help these patients make an easy transition.  Some patients that have previously been granted exemption under the serious difficulty rule may slip through the net.  Please refer them to the NHS England contact centre.  Should any patients have questions about these changes, please direct them to the NHS England Contact Centre Telephone: 0300 311 22 33 or email <a href="mailto:england.contactus@nhs.net">england.contactus@nhs.net</a>