

PRESS RELEASE



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20 January 2009

PSNC meeting – January 2009

PSNC met on 13th – 14th January 2009.

Jonathan Mason

The Committee was addressed by visiting speaker Jonathan Mason, National Clinical Director for Primary Care and Community Pharmacy (Pharmacy Czar). Jonathan set out his role as internal champion for pharmacy within the DH and spoke about his key challenges – getting PCTs to commission services from community pharmacy and dealing with community pharmacy challenges in delivery of services. His role also includes advising and supporting DH and NHS Employers and also acting as a critical friend to PCT colleagues. Jonathan will continue to work at City & Hackney PCT to ensure that he remains in touch with the front line of pharmacy service development and commissioning. He answered a number of questions from Committee members, covering a wide range of topics. The Committee expressed its gratitude to Jonathan for attending and for his illuminating speech.

NHS Funding

Looking forward to the year ahead, a new cost inquiry will be a major building block for the implementation of the White Paper, ensuring fair funding as pharmacy develops into a fuller service role. PSNC will employ specialist consultants to work with it on the structure and content of the cost inquiry. A steering group will be set up which will include PSNC, DH officials, stakeholders from the NHS and Government departments.

PSNC's clear stance is that timely and accurate delivery of funding to contractors is essential. Commenting after the meeting, Sue Sharpe, CEO, said:

"At this meeting PSNC confirmed key 'must-do' actions for the year ahead, including making sure we get the cost base right and ensuring the NHS delivers funding to contractors accurately and on time."

Health Bill

The DH published the Health Bill on Friday 16th January. The Bill provides for the introduction of Pharmaceutical Needs Assessments (PNAs), amongst other matters. After the PSNC meeting, Sue Sharpe commented:

"PSNC supports PNAs provided they are thorough, robust, objective and take proper account of the input from community pharmacy locally. While the content and details of each PCT's PNA will differ according to local circumstances, we expect PNAs to be

developed in a consistent manner so that pharmacy contractors, patients and the public know what to expect.”

PSNC noted that NHS guidance on PNAs will need to be reviewed and further strengthened before implementation. The fate of the current Control of Entry exemptions once PNA legislation is implemented is not yet clear. Sue Sharpe said:

“It is important that PCTs are fully supported in the development of PNAs and that the new needs-based system is not undermined by potentially conflicting exemptions. NHS statistics show that the number of pharmacies in England has increased by 5% since the introduction of the Control of Entry exemptions in 2005, following years of stable pharmacy numbers. This 5% rise has been unplanned and not necessarily driven by need.”

NHS Use of 084 Telephone Numbers

PSNC’s Funding & Contract sub-committee considered proposals to respond to the consultation on banning 084 numbers for NHS services, on the grounds that NHS service providers should not profit from telephone calls made regarding NHS matters. It was acknowledged that many low-income families now used mobile phones instead of land lines and consequently faced higher costs using 084 numbers. It was therefore recommended that a response be made to the consultation in support of the ban on the use of 084 numbers in the NHS.

PSNC and LPC Communications

The LPC and Implementation Support Sub-committee (LISS) considered a report on updates to the PSNC and the LPC portal websites. Sue Sharpe emphasised the success of the PSNC website which now has 30,000 hits a month.

A contractor questionnaire will be issued shortly to ensure future communications resources and activity meet contractor needs.

Support for Implementation of VRA

The Committee also discussed the Vascular Risks Assessment support workshops which will be provided to LPCs to highlight the strategic importance of the service and help implementation of the service. Post workshop activity and engagement with the VRA service both at LPC and contractor level be monitored closely by LISS.

Eligibility of EU qualified pharmacists to be in personal control

The EU Directive concerning the restriction on EU pharmacists being in personal control of pharmacies that had been open for less than three years was discussed, in particular pharmacies that have relocated. PSNC’s view was that the restriction is no longer necessary and it was agreed that changes should be made to the way relocated pharmacies are treated.

*For further information please contact the PSNC press office
on 0207 618 9187 or at psnc@luther.co.uk.*

~Ends~

Notes to Editors

1. PSNC (The Pharmaceutical Services Negotiating Committee) is the body that represents community pharmacies in England and Wales on NHS matters.
2. Workshops will be provided to LPCs to support them in implementing the Vascular Checks service.
3. The workshops will last one day and the programme will include a re-cap on pre-course reading (vascular disease, risk factors, policy background, national VRA programme, service spec and SOPs); lessons learned from existing pharmacy services; service economics; guidance in bid preparation; plus facilitated discussion to assess community pharmacy's position in the market place and how to successfully engage with PCTs and maintain contractor buy-in.