

PRESS RELEASE



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16 March 2009

PSNC meeting – March 2009

PSNC met on 3rd - 4th March 2009.

PSNC Chairman

The committee is pleased to announce that Dr Christopher Hodges, PSNC non-executive Chairman, has accepted their offer of a second two year term of office.

Supply problems

PSNC continues to receive a large number of reports regarding supply problems linked to manufacturer imposed quotas. PSNC is therefore continuing its discussions with the BAPW, wholesalers and the major manufacturers in order to find solutions to the current problems that could be introduced to help meet the needs of UK patients more efficiently.

Commenting after the meeting, Sue Sharpe, CEO, said:

“On a monthly basis, PSNC is submitting detailed reports to the Department of Health and also individualised reports to affected manufacturers and wholesalers. We continue to encourage all contractors to report problems caused by quota schemes using the online reporting form on the PSNC website - please see the ‘Feedback to PSNC’ link on the website for further information.”

Prescription charges

PSNC CEO Sue Sharpe gave evidence submitted to Professor Ian Gilmore’s review of prescription charges. For pharmacies, the present system of exemptions adds substantial administrative costs and risks, and the costs to the government of the present system are substantial. They include issuing exemption certification, audit and investigation and administering pre-payment certificates. Every new exemption category adds further cost and complexity for pharmacies and the NHS.

Distribution of anti-viral medicines from pharmacies

In light of local discussions taking place on the use of pharmacies as a distribution point for anti-viral medicines during a ‘flu pandemic the committee reviewed its policy on this matter.

It was noted that community pharmacies would be under significant pressure during a ‘flu pandemic and the first priority would be to maintain the core medicines supply service.

Barbara Parsons, Head of Pharmacy Practice, commented following the meeting:

“If, following a detailed risk assessment and careful consideration of other options, it was agreed locally that pharmacies could distribute anti-viral products without threatening their core medicines supply service, the committee recognised that pharmacies could play such a role.”

Pharmacy Order 2009

The proposal to transfer the Royal Pharmaceutical Society of Great Britain’s regulatory powers under the Medicines Act 1968 to the General Pharmaceutical Council was discussed.

The RPSGB currently maintains the register of pharmacy premises and has powers and duties to enforce some of the medicines legislation. The Pharmacy Order 2009 included proposals that would see a significant increase in the regulatory activity with additional powers for the Inspectorate. The extension of regulatory activity would also lead to duplication, as the NHS already monitors the delivery of NHS pharmaceutical services.

The Committee agreed that it would make a joint response with the Company Chemists’ Association, the Association of Independent Multiple pharmacies, the National Pharmacy Association and Community Pharmacy Wales, to oppose the increase in the burden of regulation of pharmacy premises.

Commenting after the meeting, Stephen Lutener, Head of Regulation said:

“The transfer of the Society’s current inspection role to the GPhC was announced in Trust, Assurance and Safety – *The Regulation of Health Professionals in the 21st Century published in 2007*. PSNC agrees that the current inspection role should be transferred, but that regulation should be proportionate, follow the better regulation principles and should not duplicate NHS monitoring activity or increase regulatory burden.”

Responsible Pharmacist

PSNC considered the consultation by the RPSGB on proposed new Standards for the Responsible Pharmacist and the associated amendments to the existing standards for persons in a position of authority.

PSNC and other pharmacy bodies had been represented on the Society’s steering group and many of the proposed standards are acceptable. The committee did express concern at proposals to require the responsible pharmacist to record the reason for absence, if the absence was not pre-planned and notified to patients. The reason PSNC opposes this requirement is because the responsible pharmacist regime is intended to enhance and assure the safety of the procedures in use at the pharmacy relating to the sale of medicines. The legislation will, in October, permit the responsible pharmacist to be absent for up to two hours per day, and the reason for the absence has no bearing on the safety of procedures.

Health Bill 2009

The Committee considered a number of points arising from the Health Bill which was introduced in the House of Lords last month. If it becomes law, it will require PCTs to

establish and update Pharmaceutical Needs Assessments in accordance with Regulations. The PNAs will also become the basis on which new applications for inclusion in the pharmaceutical list will be determined.

The Committee supports the introduction of a PNA based control of entry test, provided PNAs are robust and have adequate input from local pharmaceutical committees and pharmacy contractors. The Committee observed that the Bill will introduce the necessary framework, but provisions requiring consultation of LPCs and pharmacy contractors should be set out in the primary legislation.

MHRA consultations

PSNC considered two consultations being undertaken by the MHRA. The first on strengthening the medicines supply chain to reduce the risk of counterfeit medicines and secondly a long term and far reaching review of medicines legislation.

PSNC was broadly supportive of legislation to tighten the supply chain so that pharmacy contractors can have confidence in the provenance of medicines which they purchase, but was opposed to proposals that could reduce the ability of pharmacies to carry out limited amounts of wholesale dealing (for example between pharmacies or to GPs and other practitioners).

The MHRA proposal to review the medicines legislation is a long term project, and PSNC is keen to ensure that the public continue to have access to high quality medicines from registered pharmacies where a pharmacist is available to provide professional advice. As medicines develop into more targeted therapies, the need for the professional input of pharmacists will increase and the review should look forward, and not be restricted to consolidating existing legislation. PSNC agreed to work with the other pharmacy bodies to encourage the MHRA to take forward this aspect of the review in a way that enhances public protection by recognising the skills and expertise available in registered pharmacies.

The development of legislation to allow for the exceptional circumstances of a pandemic continues as a priority for the Department of Health. PSNC has been working with other stakeholders to identify which legislation may prove to be a barrier in the event of a pandemic and to seek amendments to be introduced should a pandemic occur. PSNC was pleased to see that its proposal, made in 2004 to extend the treatment period for emergency supply was now being taken forward, and that this amendment would apply in all circumstances, not just during a pandemic. The Committee was concerned though, that there was still no statutory provision to allow the funding of emergency supplies at NHS expense, and would continue to press for this amendment.

LPC Constitution

The Committee considered final proposals to amend the model LPC Constitution which would be taken by LPCs to special general meetings of their pharmacy contractors later this year. The development of a new model, to bring the Constitution up to date, and provide a better framework to support the activities of the LPC had taken many months, and the Committee was pleased to agree a small number of final amendments proposed by LPCs. The revised model will be presented at the annual Conference of LPCs hosted by PSNC on Wednesday 11 March.

LPC support programme

Vascular checks

A series of LPC support seminars on vascular risk assessment (VRA)/vascular checks has nearly concluded with over 130 LPC Chief Officers and members attending the events held across the country.

PSNC has also published VRA guidance for LPCs to accompany the seminars (available at www.psnc.org.uk/vascularchecks). The guidance is split into three parts providing key background information on VRA, advice on preparing a bid and support in costing the service.

Commenting on the response from LPCs, Alastair Buxton, Head of NHS Services said:

“LPCs across the country are putting a great deal of effort into making the case for pharmacy VRA services. The enthusiasm was evident at our recent seminars and it is great to see some early commissioning by PCTs demonstrating that pharmacy can be a major provider of this service.”

LPC future workshops

The committee agreed to the roll-out of an LPC support seminar to support LPCs' planning for the future, following a successful pilot in the North West. The workshop identifies:

- Key NHS reforms likely to impact on community pharmacy in the next five years;
- Current LPC opinions on their structure, function and skills;
- Potential changes required to LPC operations in light of the changing environment; and
- Models of LPCs that would be 'fit for purpose' in 2014.

*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.