

## PRESS RELEASE



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### **PSNC MEETS TO DISCUSS 'FLU PANDEMIC ARRANGEMENTS AND ARGUES CASE FOR GREATER CENTRAL COORDINATION**

**19 May 2009** – PSNC met in Yorkshire on 12 – 13th May 2009.

PSNC reviewed and discussed 'flu pandemic planning in light of recent events. PSNC has been working since 2004 to improve pandemic planning arrangements. The recent Influenza A (H1N1) outbreak has tested those arrangements and provided some important lessons for the future.

PSNC agreed that there is a strong case for greater central coordination in pandemic planning, and that this further highlights the need for more central co-ordination and activity to deliver pharmacy services proposed in the Pharmacy White Paper faster.

One important development is that the Government has agreed with PSNC that the length of emergency supply should be extended to up to 30 days as a permanent change. Any emergency supplies and the period for which treatment is provided will continue to be at the professional discretion of the pharmacist. PSNC welcomed this progress but highlighted its hope that this will eventually be NHS-funded.

Following the meeting, Barbara Parsons, PSNC Head of Pharmacy Practice, said:

“The message across the country is that we need better coordination and consistency. We’re hearing this loud and clear from the daily communication we have with our LPCs, as well as via our programme of focus groups with contractors on the ground. There is much variation in PCT planning and implementation of guidance and we will be working with DH to utilise the learning points from this initial episode, including the possibility of achieving better consistency by making central arrangements.”

PSNC Chief Executive Sue Sharpe said:

“If there was ever an issue that demanded strong management from the centre of the NHS and clear co-ordination, it is the response to a 'flu pandemic. Many PCTs have worked hard in their preparations, but in recent weeks it has become

apparent that these have not been as thorough or robust as we and the public would want. So long as the current H1N1 outbreak remains below level 6, we have the opportunity to learn the lessons. For PSNC, it is absolutely essential that PCTs are provided with clear leadership, guidance and information from the centre, and that the management of a pandemic is led from the centre rather than by 150 PCTs in 150 different ways.

“This serves to reinforce our clear view that there needs to be greater central coordination in commissioning arrangements for pharmacy services proposed in the Pharmacy White Paper. We need consistency so that the public and pharmacists themselves are clear which NHS services are available and what is expected of the profession. At present, there is a real risk that we will see as many different versions of NHS community pharmacy as there are PCTs. That's inefficient, cumbersome and unclear. We don't need local services to be managed from the centre but we do need clear direction for PCTs over key services such as the first prescription service and the minor ailments service. We want to see those available in every part of the country - not just in some. By designating them as Advanced services or Directed Enhanced services, this can be achieved.”

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