

FOR COMMUNITY PHARMACY, A YEAR OF CHALLENGE AND OPPORTUNITY

20 January – On the 12 and 13 January, PSNC held its first committee meeting of 2010. Over the course of the two day meeting, a range of constructive discussions took place on the questions that will affect community pharmacy in the coming year.

Commenting on the issues on PSNC's agenda in the next twelve months, PSNC Chief Executive Sue Sharpe said:

“The coming year is sure to be a significant one for community pharmacy. We will face great challenges in the months ahead; we will also be presented with exciting opportunities.

“This year's Cost of Service Inquiry is an excellent opportunity to ensure the costs associated with community pharmacy's rapidly expanding role are reflected in the pharmacy contract. This will require those pharmacists who are contacted by the Inquiry - especially independent contractors whose time is understandably scarce - to report their costs as rigorously and thoroughly as possible. This will be vital in securing a fair settlement that reflects the full scale of pharmacy businesses' costs.

“PSNC will strive to support the effective simplification of the Drug Tariff, which will help ensure that contractors are paid accurately. We have made the Department of Health aware of the many problems in this area, including issues around broken bulk and out-of-pocket expenses and we will work to ensure solutions are acceptable to contractors. PSNC will play an active role on the Department's working group. PSNC will also continue its work to find a resolution to errors in prescription pricing - particularly around expensive items and specials, by restoring levels of accuracy that existed before the introduction of the CIP system.

“The devolution of the global sum from central government to PCTs is an area of concern for many contractors. Community pharmacists have not always had the best experiences in their dealings with local commissioning organisations. PSNC will work to ensure that PCTs are strongly deterred from manipulating script volumes to secure additional funds for other areas. It is abundantly clear that this would not only hurt pharmacy businesses; it would also cause supply and cash-flow shocks that would have serious implications for patients. PSNC has communicated this clearly to the Department and is in active debate on the measures to put in place.

“PSNC is also committed to ensuring that pharmacists are supported by effective and fully-functioning NHS Information Technology. It is therefore crucial that the Electronic Prescription Service (EPS) does justice to the hard work of community pharmacists, and acts as a facilitator of high quality care, not a barrier to it. PSNC will conduct a full review of the benefits of EPS to determine its fitness for purpose, and use this to inform its decisions in this area over the course of the year.

“In the coming months, we must also strive to ensure that parallel trading as a result of the weakness of the pound does not have calamitous effects for NHS patients. Given the web of national and European laws that restrict movement on this issue, this will by no

means be easy. However, with the cooperation of the Government and all parties in the supply chain, we will find a solution that hinges on pharmacists' basic ethical and legal responsibilities.

“Finally, it is vital that we build on our success in developing pharmacy’s role in NHS primary care. Across the country, pharmacists are realising their potential as trusted health professionals working at the heart of their communities and are providing an ever expanding range of NHS services. This direction of travel is good for pharmacy businesses, good for the NHS, and most importantly, good for patients. PSNC will work with NHS Employers to drive forward negotiations around new services, and to encourage all three major parties to follow up their endorsements of community pharmacy with practical policy proposals.”

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1. PSNC (The Pharmaceutical Services Negotiating Committee) is the body that represents community pharmacies in England and Wales on NHS matters.



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