



Response to the NHS England and NHS Clinical Commissioners consultation on Items which should not routinely be prescribed in primary care: an update and a consultation on further guidance for CCGs

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Introduction

PSNC promotes and supports the interests of all NHS community pharmacies in England. We are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. We work closely with Local Pharmaceutical Committees (LPCs) to support their role as the local NHS representative organisations.

Our goal is to develop the NHS community pharmacy service, and to enable community pharmacies to offer an increased range of high quality and fully funded services; services that meet the needs of local communities, provide good value for the NHS and deliver excellent health outcomes for patients.

We welcome the opportunity to be able to provide our response to the proposals set out in the NHS England and NHS Clinical Commissioners consultation document.

Proposals for updated and new CCG commissioning guidance

Recognising that evidence-based clinical rationales have been provided for the proposed updated and new commissioning guidance, PSNC supports the proposals. We also believe the proposed process for future identification of items for possible addition to or removal from the guidance is appropriate.

We suggest that careful planning will be required at national and local levels to successfully implement the proposals, without the introduction of unintended consequences. As the representative of community pharmacy contractors, PSNC would be happy to work with NHS England and NHS Clinical Commissioners on any subsequent national work on the practical implementation of the proposals. We also recommend that LPCs, as the local representative bodies for contractors, should be engaged in discussions organised by CCGs or others to plan the local implementation of the proposals.

We believe that successful implementation of the proposals will require communications materials and messages to be developed and approved at a national level. These should then be made available for local use so consistent messages are used by all healthcare professionals, including community pharmacists and their teams, when discussing amendments to prescriptions with individual patients. This will help community pharmacy teams to provide appropriate support to their patients.

When CCGs seek to implement the changes within their area, they should work with the LPC to ensure that community pharmacy teams are provided with appropriate information and support to allow them to play their part within the local multi-disciplinary teams (MDT) which will be providing care to patients whose prescriptions will be amended.

We believe it is important that all patients whose regimens are being changed should have the changes explained to them in a face to face consultation with an appropriate member of the MDT, rather than being informed of changes solely via a written communication. Adopting this approach should increase the likelihood that the patient gains a clear understanding of why the changes are being made. This will be particularly important for patients with type 2 diabetes, who are likely to need to use a new blood glucose meter, following a change to their testing strips.

When a CCG and prescribers are planning to implement the changes at a local level, it is essential that pharmacy contractors are given adequate notice of changes to prescribing, so that the stock levels of the affected products can be properly managed and the potential for waste is minimised. LPCs will be able to support CCGs in communicating planned changes to community pharmacy teams, but they must be involved from the start in local discussions to allow for such communications to be properly planned and implemented.