





Further monies secured Ministers provide funding injections to ease the cashflow crisis pharmacy contractors are facing

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CONTRACT AND IT





Simon Dukes PSNC Chief Executive

As community pharmacy teams survey the arena having achieved great things for the NHS over the past eleven weeks, now is the time to look forward. There is still a long way to go before aspects of our pre-COVID world return – indeed some of them may never do so – but we have all adapted to new ways of working. The PSNC Committee met (virtually) at the end of May to discuss what the sector should 'stop, start, continue' in the current and coming environment.

We covered a lot of ground: exploring better use of technology (for example to manage workflow and improve patientpharmacy-GP communications); examining the possibilities for greater regulatory flexibility; discussing a reduction of bureaucracy; and highlighting a wider remit for some pharmacy services. We are now working-up those proposals to have meaningful discussions with NHS England & NHS Improvement (NHSE&I) and the Department of Health and Social Care

I would prefer to call it 'Reset and Reform'

Chief Executive's blog

PSNC Chief Executive Simon Dukes looks forward to a post-COVID world where we can 'Reset and Reform' community pharmacy.

We need to write-off this advance against other costs contractors have borne

(DHSC) on what community pharmacy should look like with/after COVID-19 and the financial implications. The Government calls it 'Restoration and Recovery' but given that the pandemic has impacted on every aspect of the Community Pharmacy Contractual Framework (CPCF), I would prefer to call it 'Reset and Reform'.

You will have seen by now the additional £50m advance paid on 1st June. I hope this will provide some assistance with the cashflow problems many of you are facing. This means of course that the sector has had a total advance now of £350m. Unlike in some of the devolved nations, we in England do not have a timetable for when and how this has to be paid back. PSNC's position is that we need to write-off this advance against other costs and activities that contractors have borne during the pandemic, and our discussions with DHSC continue. You will have also seen that DHSC has agreed to increase Category M reimbursement prices by £15m in June, and we are discussing what further increases might look like over the summer to ensure delivery of the £800m margin as per the current CPCF.

Separately, but linked to the above, our overall funding bid (for payment of COVID-19 costs so far incurred by contractors) is still with HM Treasury and we await a response. I will keep you posted. As an aside, not that it helps, in a conversation with colleagues in the British Medical Association's General Practitioners Committee, their bid for cost recovery (sent to the Treasury just before ours) is also stuck in Horse Guards Road, SW1.

For me, an important part of 'looking forward' is the completion of the 'Independent Review of Contractor Representation and Support'. You will remember that Professor David Wright and his team from the University of East Anglia is leading the review. When I proposed the review at last year's LPC Conference, I assumed by now that we would be deep into discussing the recommendations and exploring efficiencies and better ways of providing value for money support to front-line contractors. David completed the report at the end of March, but decided not to publish it until we all had more time to consider and reflect on his findings. I am pleased that he has now dusted it off and reviewed it in the light of COVID-19. He has proposed some tight timescales to push us and the report forward: sending the completed report to LPCs and PSNC by 17th June; publishing it (with a media briefing) two days later; and hosting a webinar for all contractors on 29th June.

There may be no better time for us to shape the future

I have no doubt that the report will make uncomfortable reading for all of us in PSNC and LPCs. Some will want to ignore and discount, others may want to obfuscate and delay, others still will no doubt decry and disparage. But the contractors we serve deserve the best value we can provide, and in a post-COVID world, there may be no better time for us to shape the future – no matter how difficult that might be for us, individually and organisationally. After all, "If not us, who? If not now, when?"

PSNC secures further £50m injection

DHSC to give community pharmacies a £50m cash advance to ease cashflow challenges whilst the sector awaits the outcome of PSNC's bid for extra funding.

Helping to ease some of the cashflow challenges faced by contractors

Minsters have agreed to inject a further £50m of advance funding into community pharmacies at the end of May.

This follows ongoing representations from PSNC about the cashflow crisis facing many community pharmacy contractors and businesses as a consequence of the COVID-19 pandemic.

The payment follows £300m in advance payments already made to contractors in recognition of COVID-19 related cashflow challenges, and it comes as the Department of Health and Social Care (DHSC) has also increased medicine reimbursement prices by £15m in June.

Alongside the ongoing discussions about cashflow and medicines margin and procurement prices, PSNC is continuing to highlight to the NHS and HM Government the urgent need for extra funding for the sector. This includes seeking to prevent contractors having to repay any of the advance payments that they have so far received this year.

PSNC's bid for extra funding is currently being considered by HM Treasury – we will update contractors as soon as we can.

PSNC Chief Executive Simon Dukes said:

"Since March PSNC has been highlighting to HM Government both the significant cashflow problems facing community pharmacy contractors and the urgent need for more investment in the sector to cover COVID-19-related costs. Our requests for cashflow assistance have once again led to a cash injection and, combined with the £15m increase in medicines prices in June, this should help to ease some of the immediate cashflow and procurement pressures on businesses."

COVID-19 Negotiations Update

PSNC Chief Executive Simon Dukes has recorded a new video message for community pharmacy teams to explain some of the work that he and his team are doing on behalf of the sector.

In the video, Simon confirms that negotiations on additional funding for the sector are ongoing, and he describes how discussions with DHSC and NHSE&I are now also turning to the expected next phases of the pandemic in the UK.

Watch the video: ow.ly/AVdQ30qKrK7

May Bank Holidays

For the Early May Bank Holiday (8th May 2020), NHSE&I required all community pharmacies in England to open from 2pm to 5pm. Contractors are able to claim funding of £250 per hour through the Manage Your Service (MYS) portal between 25th May and 22nd June 2020.

However, there was no blanket requirement for all community pharmacies to open on the Spring Bank Holiday (25th May 2020), with NHSE&I's regional teams instead working locally to ensure communities had sufficient access to pharmaceutical services.

Share your NHS frontline stories

PSNC and the National Pharmacy Association (NPA) have jointly created a media resource hub, to make it simpler for pharmacy teams and LPCs to tell their NHS frontline stories, to newspapers and via social media. The hub – www.nhsfrontline.com – contains key messages, social media assets, template newspaper columns plus much more.

All the national pharmacy bodies have been working together to tell the story of pharmacy teams going aboveand-beyond during the pandemic and resources created by other pharmacy bodies are also signposted from the website.

Call to review script switching

PSNC is pressing the Department of Health and Social Care and the NHS Business Services Authority to take a more pragmatic approach to script switching during the COVID-19 pandemic, and to review their processes around the switching of paper prescriptions with incomplete patient declarations.

Similarly, along with the British Medical Association and Dispensing Doctors Association, we have written to the Secretary of State for Health and Social Care to highlight the issue of collecting prescription charges which are an unnecessary administrative burden and potential infection risk.

Learn more at: ow.ly/NGdK30qJI6E



Wellbeing resources

PSNC'S WORK

Support during challenging times

Pharmacists and their teams have been spending all of their time through this pandemic serving their patients and their communities. To support the wellbeing of NHS staff, NHS England and NHS Improvement (NHSE&I) has previously issued information on a series of psychological support, which is available for those working in primary care during the COVID-19 outbreak.

The initial offer involves free access to a number of wellbeing apps (Unmind, Headspace, Sleepio and Daylight) from now until the end of December 2020 to support healthcare workers' mental health and wellbeing. Find out more at: **ow.ly/drev30qJDh1**

Pharmacy wellbeing campaign

The COVID-19 outbreak has put pressure on all community pharmacy teams, making it difficult for pharmacy staff to find time to prioritise their own needs. The ACTNow campaign from Pharmacist Support aims to raise awareness of the importance of wellbeing.

PSNC is supporting this campaign and encourages all pharmacy staff to take some time to take care of themselves if they can.

Visit Pharmacist Support's central resource hub for support: wellbeinghub.pharmacistsupport.org

Wellbeing support guide

The NHS Specialist Pharmacy Service with London North West University Healthcare NHS Trust have developed a 'where to start guide' for pharmacy staff on wellbeing.

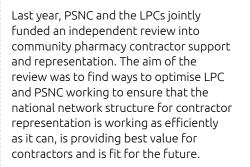
It encourages all staff to establish good habits with respect to their wellbeing from the outset and provides some immediate 'goto' strategies and information to support ongoing wellbeing during the pandemic.

Find the guide at: **ow.ly/KxEd30qJDpv**

New timeline for contractor representation review

An update on the review of the roles and structures underpinning PSNC and the LPCs by Professor David Wright.

Review report and recommendations now due on 19th June 2020



The review author – Professor David Wright, who is Professor of Pharmacy Practice from the School of Pharmacy at the University of East Anglia – had planned to publish his final report and recommendations in May. However, due to the impact that the COVID-19 pandemic was having on everyone in community pharmacy at that time, publication of the report was postponed.

Professor Wright has used the lockdown period to listen to LPC and PSNC representatives about the network's response to the pandemic and he will reflect on this in his report. Now that the immediate COVID-19 peak in the UK seems to have passed, Professor Wright has announced that he will publish his report before the summer – on **Friday 19th June**.

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The report will set out a series of recommendations for how the support and representation offered for contractors can be improved.

Contractors will be encouraged to read the report and to ask questions of Professor Wright in a webinar to be held on the evening of **Monday 29th June**. Similarly, LPCs and PSNC will have the opportunity to question Professor Wright in a virtual meeting to be held early in July.

At that virtual meeting, PSNC and the LPCs will also discuss a plan for next steps – we expect that this will initially involve setting up working groups to look at some of the review's recommendations.

Professor David Wright said:

"The response from community pharmacy to the COVID-19 pandemic has been phenomenal and I know that LPCs and PSNC have been doing all that they can to support contractors through this. It felt important not to distract from this work in April and May and as such to postpone the publication of my findings. Now that we are coming out of the initial COVID-19 peak I am looking forward to sharing my recommendations with the sector and to hearing your reactions. I hope to see as many of you as possible at the events scheduled for late June and early July."

COVID-19 procedures risk review

As public health measures to combat the pandemic continue, PSNC recommends that contractors review their social distancing and infection control procedures.

All pharmacies have already put in place arrangements to support social distancing and to reduce the risk of spread of infections, but as the progress of the pandemic continues, it is clear that we will all need to maintain social distancing and COVID-19 related infection control processes for many months to come.

As the pandemic continues and we all get used to living and working in a "new normal" situation, people's consciousness of the need to maintain social distances at all times may reduce and consequently new or additional measures at each pharmacy may need to be taken to ensure distancing is maintained on an ongoing basis.

For many pharmacies, the peak demand of the early days of the pandemic has now diminished and as contractors and their teams may have a little more time to reflect on their experiences so far during the pandemic, now may be an opportune time to consider how well social distancing has been maintained and what else could potentially be done to ensure it continues to be maintained over the months to come.

PSNC has published a risk assessment template will help pharmacy teams to identify further potential changes which could be made to their pharmacy environment or procedures during the pandemic to increase the safety of staff and patients. The template will be updated as and when required.

Download the risk assessment template from: psnc.org.uk/PPE



Handling medicines returned for disposal

The contractual requirement for community pharmacies to accept unwanted/out-of-date/waste medicines for disposal from the public remains an important service during the COVID-19 pandemic, but it does bring potential risks for pharmacy teams.

PSNC has worked with the National Pharmacy Association, the Royal Pharmaceutical Society and the Community Pharmacy Patient Safety Group to produce joint guidance on how best to safely handle returned unwanted medicines at this time.

View the guidance: ow.ly/ZckK30qKrNP

Personal Protective Equipment supplies

Public Health England's (PHE) latest guidance on the use of personal protective equipment (PPE) recommends use of fluid-resistant surgical masks (FRSM) in pharmacies when working in an area with possible or confirmed cases and where pharmacy teams are unable to maintain 2 metres social distance from patients.

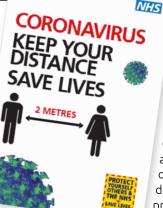
However, it is important to note that while pharmacy staff may choose to wear masks in line with the PHE guidance, it is imperative that social distancing and self-isolation (where appropriate) continue to be practised and hygiene measures, such as regular hand washing, continue to be followed.

PPE from the stockpile is being supplied on a regular basis to three mainline wholesalers (AAH, Alliance Healthcare and Phoenix Healthcare). This stock is to be sold to pharmacy contractors for staff use (i.e. it must not be sold on to members of the public).

If contractors are close to running out of PPE, they can contact their Local Resilience Forum (LRF), who have been supplied with stock to distribute to organisations that have a high priority need for PPE, including community pharmacies. This

PPE is intended to support service providers which have exhausted their usual routes for PPE and there remains an urgent need for additional stock. Contact your LPC for advice on whether you can access stock from the LRF.

In addition, any organisation running critically short of PPE, and that has



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exhausted other supply routes, can phone the National Supply Distribution Response (NSDR) on 0800 915 9964 for an urgent delivery.

Contractors may be aware that a new online ordering site is being developed to enable primary care providers to register their

requirements for PPE more easily. Further details will be released shortly, but it is possible that alternative arrangements will be made for pharmacy contractors, so they can continue to obtain supplies from wholesalers, rather than having to use a new, additional supply system. Find out more at: **psnc.org.uk/PPE**



Life assurance scheme announced

Government published details of the death in service benefits being made available to the families of frontline healthcare workers.

The Department of Health and Social Care (DHSC) has announced a new life assurance scheme for healthcare workers on the frontline in England.

In recognition of the increased risk that healthcare staff are facing during the pandemic, the scheme will make a payment of £60,000 to the estate of eligible individuals who die from COVID-19 contracted during their frontline essential work.

Information about the scheme states it will remain open until the relevant NHS workforce provisions of the Coronavirus Act 2020 expire and that deaths which occurred before the announcement of the scheme will be considered. It has also been confirmed that the scheme is noncontributory, which means there is no cost to staff or employers.

The Secretary of State's letter of 7th May 2020 to the Royal Pharmaceutical Society (RPS) details that it is the Secretary of State's intention to exercise his discretion to include relevant members of the pharmacy workforce that meet the scheme's eligibility criteria. The letter should be referenced in any claim. In order to make a payment, the Secretary of State must be satisfied that on the basis of evidence the individual was exposed to a high risk of contracting coronavirus in circumstances where they could not reasonably avoid that risk by the nature and location of the work they carried out.



Full scheme details for both claimants and employers can be found on the NHS Business Services Authority (NHSBSA) website. Find out more at: ow.ly/rlUf30gK0Lw

Regulatory Round-up

Our Regulation and Support Team highlights the latest news, information and guidance that community pharmacy teams should be aware of.

Market Entry activity resumed

As part of plans to restore services paused during the lockdown, Market Entry staff are now resuming work to process applications, with full market entry function running from 1st June 2020.

Many of those with existing applications will have received letters from Primary Care Support England (PCSE) and it is understood that priority will be given to those with applications relating to business or pharmacy service continuity, or where there are pressing reasons for the contractor.

PSNC and NHS England and NHS Improvement (NHSE&I) are also seeking regulatory changes as the practical difficulties of keeping to specified timescales during the COVID-19 outbreak may continue.

Government's safety net indemnity

PSNC has sought clarification on whether community pharmacy is covered by the

Government's safety net indemnity provision in the Coronavirus Act 2020. Our aim was to help avoid confusion, particularly around the application of the safety net indemnity to volunteers delivering medicines to shielded, vulnerable and other patients.

NHS Resolution has now updated the relevant FAQ on its website to confirm that the provision of cover for clinical negligence *"includes those working in community pharmacy delivering pharmaceutical services for the NHS"*.

Suspension of PNA renewals

In response to a request from PSNC due to the impact of the COVID-19 pandemic response, the Department of Health and Social Care (DHSC) has announced that the requirement to publish renewed Pharmaceutical Needs Assessments (PNAs) will be suspended for a year.

Renewed PNAs will not now need to be published until April 2022, but Health and

Wellbeing Boards (HWBs) will retain the ability to respond to local changes and pharmaceutical needs during this time. Read more here: **ow.ly/1DXT30gK06m**

Provisional registration policy

The General Pharmaceutical Council (GPhC) will add current pre-registration trainees to the pharmacist register on a provisional basis, subject to them meeting criteria set out in its policy paper. The policy has been drawn up as the COVID-19 pandemic led to the postponement of registration assessments and it has been informed by a wide range of pharmacy representatives, including PSNC.

Provisionally registered trainees will be able to work as a Responsible Pharmacist; but they will have various restrictions on their practice. Employers must also fulfil various requirements, e.g. ensuring the trainees practise under the direction of a senior pharmacist.

Learn more at: ow.ly/nTfN30qK09K

Pandemic Delivery Service update

Six weeks after the launch of the Pandemic Delivery Service, PSNC's Services Team is keen to ensure that all contractors are clear on how to deliver it.



The Pandemic Delivery Service went live on 9th April 2020 and early feedback from community pharmacy contractors shows there is still confusion over patients' eligibility and the process to confirm patient inclusion in the service. In addition, the use of volunteers is still very variable, but the NHS remains committed to ensuring their use during the pandemic.

The pandemic has resulted in a surge in demand for pharmacies to deliver medication to assist patients to remain at home in line with the Government guidance. Pharmacy teams are trying to manage these demands, but it is increasingly necessary to prioritise resources. Early guidance to the general public on who was more vulnerable to COVID-19 has not helped contractors clearly navigate who the service was there to support.

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To support contractors, PSNC has developed the following resources:



An overview of the service – depicting the procedure to follow when offering various elements of the service as a flowchart.



A digital guide – covering a number of key issues such as how to identify eligible patients and the use of volunteers.

Key points on the service – outlining what contractors need to be aware of when delivering the service.

Find these resources, plus further guidance, at: **psnc.org.uk/deliveryservice**

Drug and alcohol service provision

COVID-19 guidance for commissioners and service providers for those dependent on drugs or alcohol has been published. It covers a range of topics and provides additional sources of support.

Pharmacists who provide services to support people dependent on drugs or alcohol are encouraged to ensure they are familiar with the guidance. Learn more at: ow.ly/nu4s30qJCO2

CPPE Corner New COVID-19 learning resource hub

The Centre for Pharmacy Postgraduate Education (CPPE) has brought together a range of educational materials to support pharmacy professionals through the COVID-19 pandemic

In direct response to the COVID-19 pandemic, we have created a COVID-19 learning resource hub that aims to enable you to find all the resources that you may need as quickly and easily as possible.

The hub offers a collection of resources for a variety of situations that you, as a pharmacy professional, may find yourself in, for example returning to pharmacy practice, looking for the latest COVID-19 resources, and seeking support or resilience.

In our *Returning to pharmacy practice* section, we have included our *Guide to returning to pharmacy practice*, which aims to support pharmacy professionals returning to community or hospital pharmacy after a gap in professional service. You will also have access to our daily Zoom drop-in sessions to provide you with additional support.

If you are looking for the latest COVID-19 resources, our hub also links to our new COVID-19 gateway page, which includes links to the key NHS and Public Health England web pages that will help you keep up to date with the current situation. The *Advanced learning* section contains more specific clinical guidance and information on medicines.

The section on *Seeking support and resilience* links to our new *Resilience* page where we've collated lots of information about how to build resilience and deal with stressful situations. You can access our new COVID-19 learning resource hub via: www.cppe.ac.uk/covid-19



Dispensing and Supply News

Our Dispensing and Supply Team highlights the latest news, information and guidance that community pharmacy teams should be aware of.

CD regulations amended for pandemic supply

On 30th April 2020 changes to the Misuse of Drugs Regulations 2001 came into force to provide Ministers with emergency powers for the supply of Controlled Drugs (CDs) in specific circumstances during a pandemic, such as the COVID-19 outbreak. The regulations are enabling so may be used only if 'activated' or 'switched on' by Ministers and apply in very limited circumstances.

The Royal Pharmaceutical Society issued guidance for pharmacists on the legislation and associated professional practice considerations. This guidance was developed in consultation with the pharmacy sector including PSNC. Learn more: **ow.ly/4V5x30qlqVz**

Medicines re-use in care homes and hospices

The Government has published guidance on running a medicines re-use scheme in a care home or hospice setting to support timely access to essential prescribed medicines during the COVID-19 pandemic. It is those pharmacy teams that regularly supply medicines to care homes and hospices that are most likely to need to be aware of the operation of such schemes. Learn more: **ow.ly/utpn30qlqUc**

Yellow Card reporting for COVID-19

The Medicines and Healthcare products Regulatory Agency (MHRA) has launched a dedicated Yellow Card reporting site for healthcare products that are used in Coronavirus (COVID-19) treatment to be easily reported:

coronavirus-yellowcard.mhra.gov.uk

Healthcare professionals are asked to report all suspected side effects to medicines or medical device adverse incidents related to COVID-19 treatment.

Make sure you have claimed for CPCS consultations

Contractors must submit their NHS Community Pharmacist Consultation Service (CPCS) payment claim for October and November 2019 consultations by 31st May 2020, otherwise the funding will be lost to the contractor (claims will only be accepted by the NHSBSA within six months of completion of a referral, in accordance with the usual Drug Tariff claims process).

The NHS Business Services Authority (NHSBSA) has informed PSNC that there



are still around 750 contractors that have pending claims from October and November within the Manage Your Service (MYS) portal. We urge all contractors to check whether they have any outstanding claims for previous months in MYS that have not yet been submitted.

Changes to PEPS

The Pharmacy Earlier Payment Scheme (PEPS) is being updated to provide pharmacy contractors with even earlier access to their monthly Advance payment. Under the new scheme, contractors can receive an estimated early payment, based on their submission history, before the NHS Business Services Authority (NHSBSA) receives their FP34C submission document. This means contractors can access funds up to 60 days earlier.

The previous PEPS terms will no longer apply from 1st July 2020. Contractors currently signed up to PEPS who wish to continue with the new scheme must send a completed revised terms and conditions form the NHSBSA by 31st May 2020. Existing service users who do not send in their revised terms and conditions will revert to the normal payment timetable. Learn more at: **ow.ly/Xfvi30qlqlL**

SSP issued for Fluoxetine 40mg capsules

In response to significant ongoing disruption to the supply of Fluoxetine 40mg capsules, a Serious Shortage Protocol (SSP) was issued by the Department of Health and Social Care (DHSC) on 20th May 2020.

The protocol, SSP06, has been developed by clinicians and provides pharmacists with procedures to follow in providing a suitable alternative product – two Fluoxetine 20mg capsules – in response to the serious shortage affecting the 40mg capsules. It has been authorised by the Secretary of State to help manage the supply of this product and to try to ensure that fewer patients have to return to their prescriber. The pharmacist must exercise their professional judgement to ensure the alternative product is suitable for the patient.

SSP06 is currently due to expire on Monday 20th July 2020, but it may be amended or revoked at any time but currently expires. PSNC will update contractors on any changes via our usual communication channels.

Read the SSP documentation and PSNC's guidance at: ow.ly/5mZz30qIqQU

COVID-19 related payments due in June/July

PSNC's guide outlines how and when COVID-19 related payments will be made for June/July and if they will appear on your FP34 Schedule of Payments.



Payment type	Claim method	Payment amount	Payment due	How payment will appear on your Schedule of payments
Easter Bank Holiday opening hours (Good Friday and Easter Monday)*	MYS portal	£250 per hour (maximum £750/day for opening of at least 3 hours per day)	Payment due on 1st June if claimed using MYS by 5th May	This payment will not appear on the Schedule of Payment. NHSBSA will issue individual letters to contractors who claimed via MYS.
Early May Bank Holiday (Friday 8th May)*	MYS portal	£250 per hour (maximum £750/day for opening of at least 3 hours)	Payment due on 1st July if claimed using MYS by 22nd June	This payment will not appear on the Schedule of Payment. NHSBSA will issue individual letters to contractors who claimed via MYS.
Pandemic Delivery Service (Essential Service)**	Automatic payment by NHSBSA	Number of items per month from 1 April 2020 0-100 £0	Monthly – with first payment due on 1st July	Paid under same line as Transitional payment
		101-2,500 £34		
		2,501 - 5,000 £396		
		5,001-12,500 £500		
		12,501 - 19,167 £542		
		19,168+ £563		
Pandemic Delivery Service (Advanced Service)**	MYS portal	£6 (including VAT) per delivery	Monthly – with first payment due on 1st July for deliveries made in April and claimed using MYS by 5th May	'Additional Advance Payment'
Payment for installation of physical barriers e.g. screens**	Automatic payment by NHSBSA. Eligible contractors who did not receive this payment must claim by 5th August using the appropriate NHSBSA claim form.***	£300	1st May	Most contractors will have received this payment alongside the March advance uplift payment (paid on the 1st May). This payment will not appear on the Schedule of Payment. NHSBSA will issue individual letters to contractors informing them of payment.

*Contractors who remained open on Good Friday 2020, Easter Monday 2020 and on the Early May Bank Holiday (Friday 8th May) as per a local agreement with NHSE&I should only claim for payment as outlined above for up to 3 hours per day based on the number of hours they were open. If they were open for more than 3 hours, the balance must be claimed from the regional team as per local agreement. Pharmacy contractors must not duplicate claims for the same opening hours by claiming on MYS and through local arrangements. **Excludes distance-selling pharmacies.

*** Any contractors who have temporarily closed their pharmacy for more than two weeks since 31st March 2020 but made adjustments for social distancing prior to or shortly after the closure, will need to claim the £300 payment.



Ask PSNC

The PSNC Dispensing and Supply Team can provide community pharmacy teams with support and advice on a range of topics related to the Drug Tariff and reimbursement. Questions asked in recent months include:



Q. What actions have been taken to protect the supply chain and ensure pharmacies have access to reasonable stock levels?

A. DHSC recently stated: "the country is well prepared to deal with any impacts of COVID-19 and we have stockpiles of generic drugs in the event of any supply issues or significant increases in demand. The Department is working closely with industry, the National Health Service and others in the supply chain to help ensure patients can access the medicines they need, and precautions are in place to reduce the likelihood of future shortages".

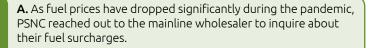
In addition, the Government has already **banned the export of a number of medicines**. The restrictions first came into place from 3rd October 2019 as part of efforts to prepare for a possible no-deal Brexit and the list of medicines has continued to grow. PSNC remains in regular contact with DHSC Supply team to share information and discuss any current or expected supply issues so DHSC can monitor and take appropriate action, where necessary. Q. In March we saw GPs issuing prescriptions for extended periods of treatment. This practice has an impact on our workload and wholesaler costs; what is PSNC doing to account for this?

A. NHSE&I and DHSC have issued guidance to practices that changes should not be made to the duration of prescriptions (see: **ow.ly/uaFG30qHQU8**).

If contractors see that this guidance is not being followed, please raise this with your LPC immediately for further escalation and support on a local level. At a national level, PSNC has been in discussion with DHSC on the impact extensions to period of treatment are having on the supply chain and drug pricing. To help reduce inequality for contractors, PSNC will continue its work to seek a long-term solution for dealing with prescriptions with increased period of treatment. Currently, Drug Tariff Part XIVC sets out the temporary safeguarding arrangements which have been put in place for instances where pharmacy contractors are adversely affected if prescribers systematically increase prescription duration on all or a significant percentage of their prescription items.

As part of the work on supporting funding negotiations, PSNC collected data from pharmacies to substantiate the extra costs, impacts and activities taking place as a result of COVID-19. This data was collected to support our ongoing negotiations for a long-term increase to total pharmacy funding to help pharmacies cope with the COVID-19 pandemic.

Q. Why is my wholesaler still billing me for fuel surcharges when the price of fuel has dropped?



AAH and Alliance have responded saying that they will recognise the drop in fuel costs when calculating any applicable surcharges. AAH has advised that there will be no fuel surcharge applied for April purchasing due to the significant fall in fuel prices (see: **ow.ly/yBy230qHQGG**). Alliance has indicated that they bill this retrospectively, so any fuel surcharge invoice in your May statement will relate to April fuel prices (details of the sliding scale can be found at: **ow.ly/Gsim30qHQHC**).

It is worth noting that all surcharges are subject to change and we would encourage regular contact with your account manager to understand how and when these are applied, if you feel you have been incorrectly invoiced please raise this with them directly.

Q. VitA-POS eye ointment preservative free has been renamed to Hylo Night eye ointment preservative free from the April 2020 Drug Tariff. Will I be reimbursed for dispensing an FP10 prescription for 'VitA-POS eye ointment preservative free'? **A.** A prescription requesting the old product name' VitA-POS eye ointment preservative free' will be passed for payment as the product will remain identified under the 'formerly' or old name in Part IX of the Drug Tariff for one year to allow the supply chain to clear stocks of the product with the old name. Any reimbursement of the product prescribed using the old name beyond the one-year period may be allowed by NHSBSA following consideration/investigation on a case-by-case basis.

Drug Tariff Watch

The Preface lists additions, deletions and alterations to the Drug Tariff. Below is a quick summary of the changes due to take place from **1st June 2020**.

Part VIIIA additions

- Allantoin 0.5% / Lidocaine 0.5% ointment = (25g) Anodesyn
- Benzocaine 1mg/dose oromucosal spray sugar free = (15ml) Ultra Chloraseptic
- Benzocaine 10% dental gel sugar free = (5.3g) Orajel
- Bifonazole 1% cream = (20g) Canesten Bifonazole Once Daily
- Chlorhexidine gluconate 0.25% cream (30g) Acriflex
- Clomethiazole 157.5mg/5ml oral solution sugar free = (300ml) -Category A
- Dextromethorphan 7.5mg/5ml oral solution sugar free (100ml) -Robitussin Dry Cough
- Dextromethorphan 7.5mg/5ml oral solution sugar free (250ml) -Robitussin Dry Cough
- Emtricitabine 200mg / Tenofovir alafenamide 10mg tablets = (30)
 Descovy
- Emtricitabine 200mg / Tenofovir alafenamide 25mg tablets = (30)
 Descovy
- Griseofulvin 1% spray = (20ml) Grisol
- Levofloxacin 100mg/ml nebuliser liquid ampoules = (56) Quinsair
- Mercaptamine 3.8mg/ml eye drops = (5ml) Cystadrops
- Mesalazine 1.6g gastro-resistant tablets (30) Octasa 1600mg MR
- Nicotine 450micrograms/dose inhaler =(20 dose) Voke
- Norethisterone 200mg/1ml solution for injection ampoules = (1) -Noristerat

Other changes

Unlicensed specials and imports (Part VIIIB)

From May 2020, the Drug Tariff no longer has a requirement for contractors to submit copies of the Certificate of Analysis (COA) or Certificate of Conformity (COC) to the local NHS England and NHS Improvement (NHSE&I) team of the prescriber after dispensing unlicensed specials or imports not listed in Part VIIIB.

As contractors are still required to keep the necessary records of unlicensed specials or imports they dispense for a period of five years, any COAs and COCs obtained can be retained by the pharmacy for this purpose.

Essential service payments (Part VIA)

The Department of Health and Social Care (DHSC) has made some retrospective adjustments to the May 2020 Drug Tariff to incorporate some new arrangements in light of the COVID-19 pandemic response. See our payment table on page 9 for more information.

- *Rizatriptan 10mg oral lyophilisates sugar free = (12) Maxalt Melt
- Tafluprost 15micrograms/ml eye drops = (3ml) *Saflutan*
- Tiotropium bromide 2.5micrograms/dose inhalation solution cartridge CFC free

 (60 dose) - Spiriva Respimat
- Tiotropium bromide 2.5micrograms/dose / Olodaterol
 2.5micrograms/dose inhalation solution cartridge CFC free = (60 dose) Spiolto Respimat
- Zinc undecenoate 20% / Undecenoic acid 2% powder (70g) *Mycota Category M:*
- *Lymecycline 408mg capsules (56)
- *Naratriptan 2.5mg tablets (12)
- *Zolmitriptan 2.5mg tablets (12)

Part VIIIA deletions

- Dexamethasone 8mg tablets (30) Teva UK Ltd
- Insulin soluble bovine 100units/ml solution for injection 3ml cartridges (5) *Hypurin Bovine Neutral*
- Insulin zinc mixed bovine 100units/ml suspension for injection 10ml vials (1) *Hypurin Bovine Lente*

Part IX deletions

For details of the appliances due to be deleted from Part IX of the Drug Tariff from June 2020, please visit: **psnc.org.uk/appliancedeletions**

Changes to SCR

To support community pharmacy teams to work efficiently and flexibly in response to COVID-19, access to the NHS Summary Care Record (SCR) is being automatically granted to all those with the pharmacist 5F multi-site code on their Smartcard, by the addition of a new role – National Locum Pharmacist + SCR – COVID-19. The new code will automatically expire after one year.

For the duration of the pandemic, Additional Information has also been added to most SCRs, without the need for patients to ask their GP practices to activate this. SCR with Additional Information includes: details of the management of long-term conditions; medications; immunisations; care plan information; and significant medical history, past and present.

Please contact **it@psnc.org.uk** if you can share any of your experiences about how this wider SCR access supports your ability to care for your patients to inform PSNC's SCR-related work.



PSNC website

For up to date information and news on community pharmacy issues, visit the PSNC website at psnc.org.uk **PSNC Community Pharmacy News is published by:** The Pharmaceutical Services Negotiating Committee, 14 Hosier Lane, London, EC1A 9LQ **Community Pharmacy News is edited by:** Melinda Mabbutt who can be contacted at the above address or by email at: mmabbutt@psnc.org.uk PSNC Office: 0203 122 0810

© PSNC

KEY: Special container

Items requiring

reconstitution

 This pack only (others already available)

PSNC COVID-19 Communications

In this section of Community Pharmacy News we have provided details of PSNC's methods of communication with pharmacy teams on the COVID-19 outbreak.



Conscious of the limited information we could give in the early days of the outbreak, PSNC has being providing updates on negotiations through videos, an action list, blogs and a webinar. These all aim to outline PSNC's ambitions and explain the work we have been doing behind the scenes to support community pharmacy teams.

PSNC Briefing 016/20: COVID-19 Response – PSNC Negotiations Action List:

This briefing lists the possible action points that PSNC is in urgent negotiations with the NHS and Government about. We will update contractors on these points as and when decisions are reached.

Chief Executive's Blog: Recent PSNC CEO blogs have described how the COVID-19 outbreak was helping to make the case for the vital role of community pharmacy in primary care and discussed the financial support needed urgently.

PSNC CEO video messages: PSNC Chief Executive Simon Dukes has recorded several video messages explaining the work that he and his team are doing on behalf of the sector, providing updates on negotiations and reacting to key announcements.



COVID-19 webinar for pharmacy contractors: This webinar in mid-April covered how PSNC is responding to the COVID-19 pandemic, including working with others and negotiating for additional funding for the sector. An on-demand version is now available to watch.

Find links to all the updates at: psnc.org.uk/covid19negotiations



Website homepage

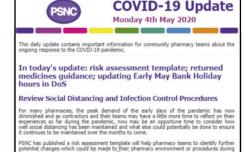
We have made a couple of small but significant changes to the **PSNC website homepage:**

- Added a 'button' to direct those looking for information and guidance on the pandemic response to our COVID-19 hub.
- Changed the top scrolling news banner to promote 'COVID-19 Updates', instead of the 'CPCF News' category.



COVID-19 Hub PSNC created a dedicated section of its website on the COVID-19 coronavirus.

This hub brings together a wide array of useful information, guidance and resources for community pharmacy teams. It was developed as details of the pandemic response first emerged and is still reviewed on a daily basis and updated as required.



Email series

We send 'COVID-19 Update' emails to everyone who has signed up to **our** mailing list.

This daily email series ensures that contractors and their teams are made aware of the latest news, updates and guidance as quickly as possible.

You can sign up at: psnc.org.uk/email