

November 2020

PSNC Briefing 043/20: COVID-19 Second Wave – PSNC Negotiations Action List

This briefing outlines the scope of urgent discussions that are ongoing between PSNC, the Department of Health and Social Care (DHSC), and NHS England & NHS Improvement (NHSE&I) to ensure that community pharmacy teams have the support they need during the second wave of the COVID-19 pandemic. PSNC has some clear asks, some of which we have been having informal discussions on for many months, and we will announce decisions and details to contractors as soon as we are able to.

PLEASE NOTE: This document includes a list of PSNC's ambitions; these are the subject of urgent ongoing discussions and do not yet represent HM Government policy.

PSNC Funding Proposals

Negotiations to get more financial support for contractors are ongoing, and this has been the case for many months. First, we are pushing for the full costs of the pandemic to contractors to be covered by HM Treasury, in line with Government promises. Following PSNC's rejection of an initial constrained funding offer from DHSC, our proposal is that the £370m in advance payments to contractors is written off against the financial impact that the pandemic has had on contractors in a defined time-period. And second, we have made a bid for an uplift to the annual funding linked to the Community Pharmacy Contractual Framework five-year deal. We await responses to both proposals.

[Further details can be found here](#)

Reducing Impact on Pharmacy Services

In addition to funding negotiations, PSNC has been considering how pharmacy services may be impacted by the second wave, and how that could be mitigated. Our Negotiating Team is working to the following principles:

1. Contractors must be given confidence that they will be supported by NHSE&I and receive reimbursement and remuneration for work undertaken.
2. Patient facing services (dispensing medicines and clinical services) should be prioritised, including the Community Pharmacist Consultation Service (CPCS) and, from 2021, the Discharge Medicines Service.
3. There is likely to be a need for additional community pharmacy capacity for flu vaccinations, any Pandemic Treatment Protocol, coronavirus testing, and a national coronavirus vaccination programme* – but this will add significantly to the workload pressures of pharmacies.

***COVID-19 vaccinations**

NHSE&I expects community pharmacy to have a role in the COVID-19 vaccination programme, but contractors should be aware that – due to the complexity surrounding its unprecedented mass rollout and the storage requirements for the Pfizer vaccine – their involvement will be different to other vaccination programmes.

PSNC has stressed that community pharmacy teams must be vaccinated alongside all other health and social care professionals: NHSE&I has now confirmed to us that this will be the case.

[Read more on PSNC's COVID-19 vaccinations webpage.](#)

Practical Issues

PSNC is also in discussions with DHSC and NHSE&I on a wide range of practical matters which, if actioned, could support community pharmacies through this time. Some of these are summarised below.

PSNC has been clear that the following regulatory dispensations, which have already been agreed with NHSE&I in principle, should be implemented with immediate confirmatory announcements made to contractors:

- Waive the NHSE&I determined Clinical Audit;
- Delay the date for competition of the Data Security and Protection Toolkit from 31 March 2021;
- Waive the Community Pharmacy Patient Questionnaire;
- Waive the Pharmacy Audit; and
- Waive the Community Pharmacy Assurance Framework for 2020/21.

In addition, PSNC has requested that consideration is given to undertake the following.

Delay the Pharmacy Quality Scheme (PQS): Contractors should be given more time to complete PQS part 2 and, at the same time, PQS 2021/22 should be delayed – both by 6 months. The remuneration associated with PQS Part 2 work (2020/21) should be paid in this financial year, in accordance with the expectations of the CPCF; and payments for next year (2021/22) should include arrangements for an aspiration payment in the first half of the year.

Allow flexible working arrangements: The NHS should issue an appropriate national announcement on closed-door working, as happened at the start of the pandemic, and another allowing pharmacy teams to focus exclusively on vaccinations (flu and/or coronavirus) for parts of the day if desired. The regional announcements on opening hours are helpful but not enough.

Suspend NHS IT requirements and data requests: Contractors should not be required to comply with verification of the NHS Website and Directory of Services (DoS) entries that were introduced recently (but should keep those entries up to date as usual). They should also not be required to comply with quarterly data obligations or other routine data collection requests by NHSE&I until further notice.

Avoid issuing breach notices: PSNC is seeking confirmation of continued understanding and tolerance in the event of any regulatory failures, including any associated with the regulations that came into force on 9th November 2020. PSNC has requested that no remedial, breach or other notices are issued to contractors (other than those involving patient safety issues or material loss to the NHS) until further notice; for example, if early closures are necessary due to staff fatigue.

Not penalising late payment claims: Contractors should receive a flexible and understanding approach on their reimbursement and remuneration claims to ensure payment is made for relevant work undertaken, so, for example, claims that are late, missed or mis-claimed due to COVID-19 related reasons will still be paid.

Provide clarity on bank holiday opening: Community pharmacy provision over the Christmas and New Year period must be clarified urgently, and requirements should be on the basis of estimated demand. PSNC has also proposed that the same fee as earlier in the outbreak (i.e. £250 per hour) is confirmed for any nationally directed opening.

Make COVID-19 testing available to all pharmacy staff: Despite news of asymptomatic testing being made for all patient-facing NHS staff, this was directed towards NHS trusts and, so far, there has been no announcement or letter about such testing for community pharmacy staff. PSNC is pressing for regular coronavirus testing to be available to all pharmacy staff, seeking a consistent approach to healthcare settings, and NHSE&I have confirmed work is ongoing in relation to pharmacies. Further information on access to testing will be made available in due course.

Progress Update

Whilst the above issues are still under discussion, the below changes and clarifications have already been made.

Requirement to sign prescriptions suspended from November

Due to concerns around infection control and massively increased pharmacy workloads, PSNC had been actively seeking a temporary exemption from signing prescription forms since the outset of the COVID-19 pandemic. Ministers in England have now agreed to temporarily suspend the requirement for patients (or their representatives) to sign the back of NHS prescription forms or EPS tokens. The temporary suspension lasts until the end of March 2021 but will be reviewed and lifted only once it is deemed safe for patients to resume signing of forms.

[Learn more about the change](#) or [read PSNC's dispensing and submission guidance on the suspension](#).

NHS Test and Trace: COVID-19 self isolation advice

Following concerns around inappropriate self isolation advice for pharmacy staff from NHS Test and Trace, NHSE&I clarified its guidance on when they could be asked to self-isolate.

NHSE&I indicated that, if a member of the pharmacy team tests positive and there is a risk to the provision of pharmaceutical services, then advice regarding the individual circumstances should be sought from the local Health Protection Team (specific individual circumstances will be considered and advice may therefore appear to differ). Contractors are also recommended to contact their regional NHSE&I team regarding the possible disruption.

NHSE&I also clarified that, if a member of staff receives a negative test, they do not need to self-isolate as long as:

- everyone they live with who has symptoms tests negative;
- everyone in their support bubble who has symptoms tests negative;
- they were not told to self-isolate for 14 days by NHS Test and Trace or the NHS COVID-19 App; and
- they feel well.

Further guidance can be found in the [COVID-19 SOP for community pharmacy](#) and [PSNC's NHS Test and Trace briefing](#), both of which were updated in October 2020.

PSNC will continue to monitor the situation and we have asked for NHSE&I and DHSC with Public Health England and NHS Test and Trace to develop official guidance for community pharmacy in consultation with PSNC.

If you have queries on this PSNC Briefing or you require more information, please contact the [PSNC Communications Team](#).