



August 2023 (updated September 2023)

Regulatory easements – an update to Briefing 007/23

The list below shows the regulatory easements requested by Community Pharmacy England and the position or holding position for each one, in the same order as our published asks. We continue to ask for those regulatory easements not yet granted, to help contractors to try to manage current cost and workforce pressures.

See the detail of our asks in [PSNC Briefing 007/23: Regulatory easements to seek to reduce costs and bureaucracy and ensure patient safety](#).

KEY	
Green	Agreed, partially or in full
Orange	Discussions ongoing
Red	To date the ask has been refused

Major easements

Our request	Outcome so far
<ol style="list-style-type: none"> 1. Notify a reduction in core opening hours by 30% while remaining open on usual opening days (with 5 weeks' notice) permanently for 40h pharmacies. 	DHSC did not agree to this. Contractors can already apply to NHSE/ICBs to request a temporary or permanent reduction in core opening hours, subject to the new hours meeting the needs of patients in the local area.
<ol style="list-style-type: none"> 2. Apply to amend core opening hours to fit business needs (provided that patient needs remain met) permanently for 40h pharmacies. 	DHSC did not agree to this. Contractors can already apply to NHSE/ICBs to request a temporary or permanent reduction in core opening hours, subject to the new hours meeting the needs of patients in the local area.



<p>3. Reducing Core opening hours – temporarily for 40h pharmacies to the extent of closing for one day each week or equivalent reduced hours during the week.</p>	<p>DHSC did not agree to this. Contractors can already apply to NHSE/ICBs to request a temporary or permanent reduction in core opening hours, subject to the new hours meeting the needs of patients in the local area.</p>
<p>4. Closed door working for an unlimited number of hours; notified to NHSE afterwards, within one week, with the reason for the closed door working.</p>	<p>DHSC did not agree to this. Contractors have a responsibility to ensure safe delivery of pharmaceutical services under the GPhC standards of pharmacy practice. There is no evidence that the commissioner does not already take such extraordinary circumstances into account where pharmacies have to close to ensure patient safety.</p>
<p>5. Refusal to provide drugs or appliances to ensure patient safety.</p>	<p>DHSC did not agree to this. Pharmacy owners have a responsibility to ensure safe delivery of pharmaceutical services under the GPhC standards of pharmacy practice. There is no evidence that the commissioner does not already take such extraordinary circumstances into account where pharmacies have to close to ensure patient safety.</p>
<p>6. Refusal to provide/supply – ensuring reimbursement for medicines for each pharmacy.</p>	<p>Discussions are ongoing between us and the DHSC on concession prices and the concession price system.</p> <p>With reference to the GPhC Standards of Professional Practice:</p> <ul style="list-style-type: none"> ▪ The obligation on professionals in standard 1 to provide person-centred care and make the care of the person their first concern ▪ The obligation on professionals in standard 5 to: <ul style="list-style-type: none"> ▫ balance conflicting demands in a way that puts the care of the person and their best interests first and ▫ to manage any organisational goals appropriately reflecting the needs of the person in the care they provide ▪ The obligation on owners in SRP principle 2 to empower professional staff to act in the interest of patients and ▪ To ensure that incentives and targets do not compromise health, safety and wellbeing of patients.



7. DSPs – ‘local’ DSPs	Discuss with the DHSC as part of business-as-usual discussions on regulations.
8. Hub and spoke	Discuss changes to the PLPS regulations with DHSC when the Government’s response to the consultation process on hub and spoke dispensing between different legal entities has been published.
9. No Pharmacy Quality Scheme in 2023/24.	Reduced PQS is introduced for year 4 and 5 of £45m per year down from £75m per year (see Community Pharmacy Contractual Framework 5-year deal: year 5 (2023 to 2024) update for contractors).
10. Serious Shortage Protocols – we are now seeking greater discretion for pharmacists to amend the formulation of the dispensed medicine separate and broader than only in relation to.	Discuss with the DHSC as part of business-as-usual discussions on funding and endorsements.
<p>11. Ensuring contractor and staff wellbeing.</p> <p>Proposal: <i>DHSC and NHSE to ensure contractor and staff wellbeing without the worry that to do so might breach NHS contractual requirements – to consider, for example, where staff are overwhelmed with workload, there may be a temporary need to decline to accept patients for Advanced services offered by the pharmacy; or where: one pharmacist is the Responsible Pharmacist (RP) for the entire week for a rural pharmacy, and there is no realistic opportunity to engage a locum, and the</i></p>	<p>DHSC did not agree to this. Contractors have a responsibility to ensure safe delivery of pharmaceutical services under the GPhC standards of pharmacy practice. There is no evidence that the commissioner does not already take such extraordinary circumstances into account where pharmacies have to close to ensure patient safety.</p> <p>NHSE have commissioned a range of services to support the mental health and wellbeing of NHS People. Broadly these include clinical assessment and triage, wellbeing apps, staff support lines, financial support and physical support offers.</p> <ul style="list-style-type: none"> ▪ The Looking After You, coaching services, which are available to all primary care staff. ▪ Looking After You Too (BAME) is available to diverse ethnic colleagues across the NHS. ▪ Practitioner Health is available to all primary care staff and can be accessed via referral from the NHS Mental Health and Wellbeing Hubs, or Doctors, Dentists and NHS managers bands 8D and above can self-refer directly.



<p><i>contractual opening hours cannot be managed safely by that RP, there may be a need for the pharmacy to close (not open during normal contractual opening hours) for an appropriate period of time each week</i></p>	<ul style="list-style-type: none"> There are also national health and wellbeing programmes, such as Wellbeing guardians.
<p>12. Supervision/Skill Mix</p>	<p>Discuss with DHSC as part of our opportunity to respond to the DHSC consultation process on supervision and the GPhC discussion on responsible pharmacist rules and standards and superintendent pharmacist standards The sector report on supervision and RP responsibilities has been published.</p>
<p>13. Original Pack Dispensing</p>	<p>Discuss with DHSC 'turning on' OPD in the PLPS regulations and reimbursement. The Human Medicines Regulation amendments that can introduce OPD have now been introduced in Parliament.</p>

Minor easements

Our request	Outcome so far
<p>14. No requirement to ask a patient to provide evidence of a prescription exemption, or advice to the patient/representative as to what checks the NHS may make, if no evidence is provided.</p>	<p>Discuss with DHSC as part of business-as-usual discussions on funding and endorsements.</p>



<p>15. No health campaigns to be required in 2023/24.</p>	<p>DHSC agreed to reducing the requirement to 2 national health campaigns in 2023/24 with digital materials only and work with UKHSA to understand their policy to ensure campaigns reach all.</p> <p>Pharmacies can support with interventions in the pharmacy and through remote consultations and contacts. Campaigns are an important added value of pharmacies.</p>
<p>16. Remove the requirement to produce a practice leaflet.</p>	<p>DHSC will review the requirement to produce a practice leaflet and consider modernising this requirement (see Community Pharmacy Contractual Framework 5-year deal: year 5 (2023 to 2024) update for contractors).</p>
<p>17. Remove the requirement to publicise Essential and Advanced services.</p>	<p>The DHSC position is that the requirement to publicise essential and advanced services should be retained. The requirement can then be reviewed, to consider if the way the services are publicised can be modernised.</p>
<p>18. Pause all Healthy Living Pharmacy (HLP) requirements in 2023/24.</p>	<p>DHSC consider that it remains important to retain all HLP requirements. HPL Terms of Service requirements help make a case for pharmacies having value beyond dispensing medicines and providing clinical services. DHSC. propose to review how HLP and national health campaigns could be streamlined.</p>
<p>19. No NHSE determined national clinical audit for 2023/24.</p>	<p>Agreed. No national clinical audit this year 2023/24. Confirmed in the Community Pharmacy Contractual Framework 5-year deal: year 5 (2023 to 2024) update for contractors.</p>
<p>20. No contractor, practice-based audit required in 2023/24.</p>	<p>Agreed. *No contractor, practice-based audit this year 2023/24. Confirmed in the Community Pharmacy Contractual Framework 5-year deal: year 5 (2023 to 2024) update for contractors.</p> <p><small>*Edited September 2023</small></p>
<p>21. No submission of an annual self-assessment of compliance with information governance for 2023/24</p>	<p>DHSC did not agree to this. This is an important aspect of clinical governance.</p>



(compliance with IG requirements remains applicable), i.e. no DSP Toolkit.	
22. No quarterly verification of NHS website and DoS entries, where there are no changes to be made to the profiles.	DHSC/NHSE will consider reducing the verification to twice a year to ensure that accurate information is available to inform planning for bank holiday opening, with deadlines for verification being 31 May and 30 November.
23. Very limited CPAF.	DHSC did not agree to this. This is an important aspect of clinical governance.
24. No requirement to submit an annual complaints report.	DHSC did not agree to this. It is important to retain the requirement to submit an annual complaints report and align with NHSE's complaints procedures.
25. Notification of temporary closure to be completion of the pharmacy's NHS website and DoS entries.	DHSC agreed to progress this outside of the immediate easements' discussions due to the length of time it would take to undertake design and development work. *See the current requirements for notifying your ICB of a temporary closure at https://cpe.org.uk/quality-and-regulations/pharmacy-regulation/opening-hours/ *Edited September 2023
26. No patient signature to be required on prescription/token where the patient pays the charge.	Discuss with the DHSC as part of business-as-usual discussions on funding and endorsements.
27. Remove the requirement to endorse EPS prescriptions for specials with SP.	Discuss with the DHSC as part of business-as-usual discussions on funding and endorsements.

If you have any queries or require more information, please contact: regulations.team@cpe.org.uk