



50 Broadway  
London SW1H 0DB

tel 020 7799 6666  
fax 0844 774 4319

enquiries@nhsemployers.org  
www.nhsemployers.org

Sue Sharpe  
Chief Executive  
Pharmaceutical Services Negotiating Committee  
Times House  
Bravingtons Walk  
London  
N1 9AW

18 June 2014

Dear Sue,

### **Plenary meeting – 18 June 2014**

Set out below is the conclusion of our plenary meeting which we believe forms the basis of the best deal available. There remains one area of outstanding concern. We noted the letter of 15 May plenary was an agreed record of our previous meeting.

This letter summarises the meeting on 18 June and will act as formal feedback for both parties and NHS England and if acceptable will form the basis for the deal document.

We note the NMS evaluation is almost complete and agreed we would urge NHS England and the DH to release this as soon as possible to form part of the 2014/15 deal.

We looked in turn at the service developments and agreed good progress had been made between meetings.

- **[s22]**  
\* These 2 areas are new/amended since the previous letter

In order to ensure clarity for contractors and to mitigate the difficulties of the lack of access to the summary care record (SCR) the following BNF chapters were agreed:

- chapter 2 (cardiovascular)
- sub-chapter 6.1 (diabetes)
- sub-chapter 6.2 (thyroid)

We agreed the target group should be patients taking four or more regularly prescribed medicines, at least one of which should be for one of the medicines listed in the BNF chapter/sub-chapters detailed above.

You agreed to a further change in the approved spreadsheet for reporting MUR data to area teams to differentiate between the classes of medicine that had prompted a high-risk medicine targeted MUR.

We recognised there may be a time lag for implementing changes to patient medication record (PMR) systems which will influence the point at which pharmacy contractors are able to submit MUR data to area teams using the updated approved spreadsheet. We agreed we would seek NHS England's good offices to speed the HSCIC part of this work. We acknowledged until this is addressed NHS England area colleagues would not be able to monitor the additional target group or receive differentiated data on high-risk medicine MURs.

- **Increasing repeat dispensing** – [s36 & s43] and we noted that NHS England will direct LPNs to work with CCGs, LPCs and LMCs to drive uptake of this service. You confirmed that you would encourage LPCs to do similar. We agreed to reconvene the professional relationships working group to explore intra professional support for repeat dispensing.
- [s36 & s43]
- **Clinical audit** – We were pleased that NHS England had agreed to an audit on emergency supply and that this would be useful for urgent and emergency care. We felt it would be helpful if the audit was held covering two weeks in a 4-week period, including the Easter bank holiday period. Further work will be undertaken to finalise the audit tool and recording. You were particularly keen that the data would be collated and used widely for service development and planning.
- **Patient safety reporting** – We confirmed that NHS England [s36 & 43] You agreed to this and we confirmed our joint expectation that decriminalisation of dispensing errors would shortly be introduced, which would further assist in nurturing the safety culture within community pharmacy teams. We were also keen that NHS England should discuss with NRLS the simplification of the reporting system to allow more rapid data entry and support cultural change.
- [s36 & s43]

## **Communications**

We are agreed that neither side would comment publicly on content and progress whilst negotiations are still active.

## **AOB**

[s43]

## **Future meetings**

In addition to a professional relationships working group meeting we agreed to arrange sub groups to finalise the MUR data work and develop the clinical audit tool. The next plenary meeting has been arranged for 23 July.

**Next steps**

We noted subject to NHS England approval that this letter would form the basis of the deal document which we plan to submit to the NHS England formal governance mechanisms shortly. We will keep you informed of progress.

Kind regards

Felicity Cox  
**NHS Employers**