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Sue Sharpe  
Chief Executive  
Pharmaceutical Services Negotiating Committee  
Times House  
Bravingtons Walk  
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19 September 2014

Dear Sue,

**Community pharmacy contractual framework – best negotiated settlement for 2014/15**

This letter sets out the agreement reached between PSNC and NHS Employers for the best negotiated settlement to be presented to NHS England for implementation. The more detailed service outlines, which we have previously agreed, are also attached as appendices.

Subject to NHS England's agreement to the best negotiated settlement, funding of £2.8bn has been earmarked for 2014/15 to support the proposed changes.

**Increasing repeat dispensing**

[s36 & s43] The changes to the Terms of Service will be to include a requirement for pharmacists to give advice to appropriate<sup>1</sup> patients about the benefits of this service.

PSNC, NHS Employers and NHS England have all agreed to undertake activities to support the uptake of this [s36 & s43] NHS England will ask their Local Professional Networks (LPNs) to work with Clinical Commissioning Groups (CCGs), Local Medical Committees (LMCs) and Local Pharmaceutical Committees (LPCs) to increase rates of use of the repeat dispensing service

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<sup>1</sup> Appropriate is defined as "patients with long-term, stable conditions who require regular medicines and whose condition is unlikely to change in the short- to medium term"

by prescribers, including explaining the benefits to pharmacies, general practices and patients. [s43].

### **Patient safety incident reporting**

We agreed that pharmacies would be directed to make reports only on a non-anonymised basis through identifying the pharmacy concerned and we have noted that changes to the Approved Particulars for incident reporting will be necessary to achieve this. It was recognised that the threat of prosecution following a dispensing error is a significant concern for pharmacists and swift progress is expected on decriminalisation which would further assist in nurturing the safety culture within community pharmacy teams.

NHS England are expected to publish 'benchmark' figures for incident reporting which will allow pharmacies to assess their reporting in comparison to national averages and make changes to their practice if appropriate.

### **National NHS England directed audit**

Community pharmacies will conduct a two-week audit of emergency supply requests, with approximately 50 per cent of pharmacies undertaking the audit between Monday 9 March and Sunday 22 March 2015 (inclusive) and approximately 50 per cent between Monday 23 March and Sunday 5 April 2015 (inclusive). Those pharmacies undertaking the audit in the second period will be allowed a lag of up to two weeks, post 5 April 2015, for the submission of data. Pharmacies will be required to share the data collected with NHS England. A pilot of the audit will be carried out in approximately five pharmacies in late 2014/early 2015.

Further work will be progressed by PSNC and NHS Employers to ensure an appropriate distribution of audit dates between pharmacies, to pilot and finalise the audit questions and the method by which data will be collated. NHS England, including the group progressing the review of urgent and emergency care, will be involved in this piece of work.

Changes will be required to the Terms of Service, either by amending the Regulations to specify the topic of the audit on an annual basis or by amendment that gives NHS England the power to specify the topic, to allow for an audit of this nature (i.e. a policy based audit) and in the form of an either / or to the current NHS England prescribed clinical audit. It is also agreed that the audit for 2014/15 will be as described above and NHS England will not be directing pharmacies to undertake a separate clinical audit. The pharmacy based audit will remain unchanged.

### **Increase targeted MURs to 70 per cent**

PSNC and NHS Employers have agreed to increase the number of MURs undertaken on patients in one or more of the target groups to 70 per cent. The existing three target groups remain unchanged. An additional target group for patients with cardiovascular disease or risk factors who are regularly prescribed four or more medicines (where at least one of the medicines is for cardiovascular conditions or risk factors) will be introduced from when these changes are implemented. The new target group will be identified based on

patients taking drugs from BNF chapter 2 (cardiovascular), sub-chapter 6.1 (diabetes) or sub-chapter 6.2 (thyroid). On the approved spreadsheet the high risk drugs target group will be broken down into specific drug classes.

A transition period will be necessary to allow PMR systems to be updated to capture the new information and to create the updated approved spreadsheet . Work on this, including timescales for implementation of the increased target, is being progressed separately through discussions with NHS England and further information will follow.

**[s36]**

**Other points**

The continuation of the New Medicine Service (NMS) has been agreed as part of the 2014/15 settlement following the positive outcome from the evaluation project.

[s36 & s43]

I will now report back to NHS England on the position that we have reached noting that this is the best negotiated settlement available. I hope to be able to come back to you shortly and let you know whether the proposals are acceptable to them and I understand that you would need to do the same with your wider committee. You agreed that any material which you use to brief PSNC members would be shared with us in advance so we can be certain that it accurately reflects our agreement.

We are agreed that neither side would comment publicly on the progress of negotiations until such a time as we are able to make a joint announcement.

Kind regards,

Felicity Cox  
**NHS Employers**

**Appendix 1: [s22]**

FINAL