Summary note of meeting with Department of Health & NHS England

at Richmond House, Whitehall, 24 October 2016

Present

Department of Health & NHS England

- David Mowat MP, Parliamentary Under Secretary of State for Community Health & Care (DM)
- Jeannette Howe, Head of Pharmacy, Department of Health (JH)
- Dr Keith Ridge CBE, Chief Pharmaceutical Officer, NHS England (KR)
- Shivani Jethwa, Assistant Private Secretary, Department of Health

All-Party Pharmacy Group

- The Rt Hon Sir Kevin Barron MP, Chair (KB)
- Oliver Colvile MP, Vice Chair (OC)
- Simon Whale, APPG Secretariat

This meeting was held to discuss the Minister's Statement to the House of Commons on 20 October 2016 concerning community pharmacy in 2016/17 and beyond.

DM began by stating that he saw a positive future for pharmacists and pharmacy. He welcomed the interest of the All-Party Group on Pharmacy (APPG) and expected the Group to play its part in holding the government to account on matters arising from his Statement.

DM noted that NHS England, and KR specifically, would lead on responding to the conclusions of the independent review of community pharmacy clinical services chaired by Richard Murray of the King's Fund.

KB asked when that review's findings were now expected to be published. KR stated that this would be in late autumn 2016. KR added that Richard Murray had visited Scotland and had been impressed by some of the service developments in place there. KR said that the review included an examination of the evidence base for community pharmacy services in England and it would come as no surprise that there are some weaknesses in the evidence base. The advisory group overseeing the review was due to meet again shortly and the review's report was expected to influence and inform the allocation of funding from the Pharmacy Integration Fund.

DM noted that the future for pharmacy lies in extending and developing pharmacy services, and that the Murray review will inform this. DM was aware that the APPG had long advocated the development of community pharmacy services, and funding arrangements that would enable such a development, and expressed his agreement with this direction of travel.

KB emphasised the importance of achieving more and better integration between community pharmacy and other parts of primary care, especially GPs. Integration, he argued, needed go beyond placing pharmacists in GP surgeries.

The All-Party Pharmacy Group receives financial support from: Pharmaceutical Services Negotiating Committee (PSNC), the Royal Pharmaceutical Society (RPS) and Pharmacy Voice (PV). Secretariat functions are provided by Luther Pendragon.

KB added that the reliance of community pharmacies on funding derived from dispensing activity created barriers to both integration and service development. DM agreed that this made community pharmacies vulnerable to change. He emphasised that he was keen to work with the Group to examine all the issues. KB welcomed this and outlined the Group's plans for its investigation into all aspects of the government's plans.

DM noted that community pharmacy needs to 'sell itself' to CCGs as local budget holders and to make a strong case for the commissioning of services.

KB raised the issue of 'turf wars' between community pharmacies and GPs over services such as 'flu vaccination. DM agreed that this was a problem, and was a characteristic of business competition. JH highlighted an example in Devon where such tensions over 'flu vaccinations had been addressed.

OC stressed the importance of having a close understanding of community pharmacy and GP practice locations throughout England, and to see that in the form of a constituency by constituency map. He also asked that this included the growth in community pharmacy numbers per constituency. JH confirmed that the Department had undertaken an analysis of community pharmacy locations, which had informed the list of pharmacies eligible for the Pharmacy Access Scheme (PhAS).

OC also called for more effective public consultation processes by NHS England locally, citing an example in his own constituency related to the provision of GP services which in his view had not been adequate.

On the PhAS, KB asked which criteria the Department was using to define deprivation, and how appeals related to PhAS would be conducted. DM responded that the Department was using ONS data for defining deprivation, and agreed that the PhAS was likely to be tested through appeals. JH and KR explained that NHS England centrally would consider appeals, informed by input from its local area teams.

KB asked what the response to the published PhAS list had been from the bodies representing the pharmacy sector. JH said that discussions on this published list had yet to take place but were expected in the coming days.

KB observed that some of the pharmacies on the list of those eligible for the PhAS were owned by large multiples. Independents who were not on the list, or very small chains with one pharmacy on the list, may struggle to overcome the impact of funding reductions. DM stated that the government had to be blind to ownership, and it would not be right to determine eligibility on the basis of the financial standing of the pharmacy owner.

OC asked whether the regulations enabling pharmacy mergers were drafted and ready. JH confirmed that they were and were expected to be laid to come into effect in December 2016.

KB asked whether it was possible for new pharmacies to qualify for PhAS payments if they met the eligibility criteria, and whether the Department intended to introduce additional measures to control the opening of new pharmacies in future. JH confirmed that financial assistance from the PhAS would only be available to those pharmacies on the original list or as a result of the review process. On the question of controlling future openings, JH said that applicants would need to satisfy the 'necessary or desirable' test as now.

On the Establishment Payment (EP) it was noted that a phased withdrawal had been announced. DM added that the savings in community pharmacy funding could have been achieved by removing

the EP more rapidly but that this would have disproportionately impacted lower prescription volume pharmacies.

Discussion turned to the government's plans for placing pharmacists in GP practices. KB asked whether this initiative was a threat to community pharmacies. KR argued that, on the contrary, pharmacists in GP practices will become a linchpin across the system and that they would link with both hospital and community pharmacists. Indeed the training programme for pharmacists in GP practices includes the importance of linking with community pharmacists in order to deliver integrated care, so it may well produce a halo effect for community pharmacies in their locality. KB asked what evidence the Department had that community pharmacies were already carrying out the tasks that the Department had in mind for these pharmacists. KR agreed that there may be places where community pharmacists were already making important contributions to, for example, long term condition management but it was important that this care became integrated into care pathways. He added that there were various ways in which pharmacist input could be achieved in GP practices, including through the use of hospital employed pharmacists, as well as those from community pharmacies. For example, the model adopted in the Northumbria Accountable Care Organisation vanguard utilised hospital employed pharmacists in GP practices and during his recent visit KR had seen how they are linking with community pharmacists.

DM noted that there was to be a real-terms increase in primary care spending in this Parliament. There was likely to be pressure on GP workload even if the target of an additional 5,000 GP recruits was achieved, so there would no doubt be a need for pharmacists' skills as part of the multi-disciplinary primary care teams led by GPs.

KR noted that over 50% of CCGs have already commissioned Minor Ailments Services (MAS) but many were not linked to NHS 111. Currently only 1% of NHS 111 calls were directed to community pharmacies. Given the number of NHS 111 calls related to urgent prescriptions, particularly at weekends, he felt that as many as 30% of all NHS 111 calls could be directed to community pharmacies.

KB asked whether there would be additional funding for community pharmacies if there were to be such a workload increase. JH confirmed that there would be additional funding for the urgent medicine supply pilot, resourced from the Pharmacy Integration Fund, and this was being discussed with PSNC. She added that the pharmacies with opening hours that enabled them to provide the service (i.e. late night and weekend) were more likely to receive NHS111 referrals for urgent prescriptions. JH added that it was the Department's plan to have MAS locally commissioned across the whole of England by April 2018. KB noted that the government was not currently proposing a nationally commissioned MAS so asked how this countrywide coverage would be achieved and whether CCGs could be directed to commission a MAS. In response, KR stated that CCGs will be encouraged rather than directed to commission these services.

KR also noted that the Pharmacy Integration Fund would, for example, enable 1,000 community pharmacists to undertake clinical diploma training, and this was being discussed with Health Education England.

DM concluded the meeting by emphasising his desire to work with the APPG and to play a part in its forthcoming investigation.