



# COVID-19 Update

Tuesday 28<sup>th</sup> April 2020

This daily update contains important information for community pharmacy teams about the ongoing response to the COVID-19 pandemic.

## In today's update: market entry applications; SCR access for locums; new PSNC FAQs

### Market Entry Suspension Clarified

On 25th March 2020, NHS England and NHS Improvement (NHSE&I) suspended the processing and determination of market entry applications *to allow staff who work on these tasks to be redeployed to functions which have higher priority during the current pandemic* and to ensure contractors were protected from the need to read and respond to applications at the early stages of the outbreak. PSNC has been working with NHSE&I to clarify the suspension.

#### Pre-determination applications

If there are pressing reasons why an application should now proceed – for business or pharmacy service continuity or pressing reasons for the contractor – NHSE&I may progress that application. Applicants will have received an email from Primary Care Support England (PCSE) advising them of what they should do if they wish to ask NHSE&I to continue to progress their application.

#### Post-determination applications

The suspension of market entry activity only applies to those applications which have not yet been determined by NHSE&I. Where NHSE&I has reached a decision on the application and that decision has been notified to the applicant and interested parties, then the usual timescales apply.

#### Temporary closures or relocations

Applications relating to a temporary closure or relocation due to the COVID-19 outbreak and made under paragraph 27, Schedule 4 of the regulations are not covered by this suspension and contractors should therefore submit such applications **directly** to the relevant NHSE&I regional team.

#### PSNC seeking new regulations

PSNC has also requested changes to the NHS pharmaceutical regulations as soon as practicable, to assist management of market entry cases at the current time. PSNC is keen to ensure that contractors are not disadvantaged by the suspension and any issues arising from it are resolved fairly for all – for those making applications and for those who were protected from the need to read and respond to applications at the early stages of the outbreak.

[Further information is available on the PSNC website](#)

## Extending Access to SCR for Locums

NHS Digital have extended access to the NHS Summary Care Record (SCR) to support community pharmacy teams to work efficiently and flexibly in response to COVID-19 in an initiative supported by PSNC and NHSE&I. This also provides extended access to the Shielded Patients Flag, visible within SCR, for those pharmacists working at multiple sites.

SCR access is being automatically granted to all those with the pharmacist 5F multi-site code on their smartcard, by the addition of a new role – National Locum Pharmacist + SCR – COVID-19. The new code will automatically expire after one year.

## New FAQs Available

PSNC is compiling a large number of answers to queries faced by pharmacy teams during the pandemic. Following the negotiations update webinar with PSNC Chief Executive Simon Dukes on last week, we put your policy questions to our leadership team and new questions and answers have been added to our FAQs library.

[View our updated FAQs webpage](#)

Have you seen our latest FAQs?

PSNC's COVID-19 hub has an [FAQs page](#) with a large number of answers to queries posed by pharmacy contractors, their teams and LPCs; these are being updated on an almost daily basis. Recent additions include:

**Q. With regards to the monies already placed in the system how can this be justified as 'an advance'; March has already shown to be the busiest month on record and margins appear to have dropped significantly?**

The announced £300m uplift payments were made in recognition of increased activity related cost increases, such as increased prescription numbers, extra staff costs from the increased dispensing activity, covering for sickness and the rise in locum rates, and other one-off costs. The uplift payments were not designed to cover any margin shortfall in the period; this is a separate issue which is under discussion between PSNC and DHSC.

We are receiving reports every day from contractors of medicines not available at Drug Tariff price, and we are aware of the increasing number of problem products. There was a rise in the number of price concession products in March, and we anticipate a further increase in April based on the volume of reports we are receiving. All price concession lines are surveyed as part of the Margin Survey; we are currently in discussions with DHSC about transitioning to a quarterly process which would enable us to make more timely adjustments for margin.

**Q. Why is the administration of the prescription charge still deemed an essential function for community pharmacy right now? Is there the possibility to suspend NHS levy charges to reduce cash handling and administration of prescriptions?**

PSNC raised the collection of prescription charges during the COVID-19 pandemic as an unnecessary administrative burden and potential infection risk (through the handling of money) in discussions with HM Government several weeks ago. We believe the charge should be suspended and as such we support the work that the Royal Pharmaceutical Society (RPS) and others are also doing to press for this.

PSNC, the British Medical Association (BMA) and Dispensing Doctors Association (DDA) have **written to the Secretary of State for Health and Social Care, Matt Hancock**, to highlight this issue. We will continue to press the Department of Health Social Care (DHSC) and NHS England and NHS Improvement (NHSE&I) for the urgent resolution of this matter and will update community pharmacy teams as soon as possible.

**[Find answers to more of your questions here](#)**

**Keep up-to-date with our hub page: [psnc.org.uk/coronavirus](https://psnc.org.uk/coronavirus)**

*Pharmaceutical Services Negotiating Committee*



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