

Operational Policy for Administering the Review Process for the Pharmacy Access Scheme

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Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

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1 Policy Context

The Pharmacy Access Scheme (PhAS) was created by the Department of Health (DH) as part of the community pharmacy reforms¹ that will be introduced from 1st December 2016. The aim of the scheme is ‘to ensure that a baseline level of patient access to NHS community pharmaceutical services in England is protected’ (Department of Health, 2016).

A list of the community pharmacies which the DH have calculated as being eligible for payments under the PhAS was first published on the NHS Business Services Authority (BSA) website² on 20th October 2016 and subsequently updated on 3rd November 2016. NHS England will update the list of eligible pharmacies once all the reviews have been conducted and decisions have been communicated.

NHS England is responsible for the administration of a review process to enable those community pharmacy contractors who believe that their premises should have been included in the PhAS to have the opportunity to demonstrate their case. To this end an application form³ and a flowchart⁴ setting out the review process were published on the same page on the BSA website as the list of eligible contractors on 1st November 2016.

This document sets out:

- General principles of decision making;
- Pharmacy Access Scheme National Review Panel Terms of Reference;
- Responsibilities of the Pharmacy Access Scheme Reporting Officer; and
- Responsibilities of the Pharmacy Access Scheme Administration Officer.

2 General Principles of Decision Making

All decisions will be:

- Made in line with timescales set out within ‘Community Pharmacy in 2016/17 and Beyond: The Pharmacy Access Scheme (PhAS)’ (Department of Health, 2016);
- Fully reasoned; and
- Documented appropriately, including within the minutes relating to meetings of the National Review Panel.

¹ <https://www.gov.uk/government/publications/community-pharmacy-reforms>

² <http://www.nhsbsa.nhs.uk/PrescriptionServices/5827.aspx>

³

http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/PhAS_Application_Form_Final_011116.docx

⁴ http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/PhAS_review_-_Application_Process_Flowchart_Final_011116.docx

3 Pharmacy Access Scheme National Review Panel Terms of Reference

NHS England has established a Pharmacy Access Scheme National Review Panel (NRP). This panel is authorised by NHS England to undertake any activity within these terms of reference.

A National Director, with delegated authority from the NHS England Board, will receive recommendations from the NRP in relation to complex⁵ requests for reviews under the PhAS.

The voting membership of the NRP will be as follows:

- the Director of Primary Care Contracts (Chair);
- the Head of NHS Commissioning Development; and
- a lay member.

No deputies may be appointed unless there is good cause – for example, long term sick leave. Where deputies are required they must have a good understanding of 'Community Pharmacy in 2016/17 and Beyond: The Pharmacy Access Scheme (PhAS)' (Department of Health, 2016).

Each member of the NRP has a vote and the Chair has the casting vote, if necessary.

The NRP will be quorate if any 2 of the voting members are present.

At the discretion of the Chair business may be transacted through a teleconference or videoconference provided that all voting members present, are able to hear all other parties and where an agenda has been issued in advance.

The NRP will review the evidence set before it provided by the Pharmacy Access Scheme Reporting Officer. Should it review any evidence not provided by the applicant this will be shared ten days in advance of the panel meeting with the applicant. It may co-opt persons with relevant experience and expertise if required.

The following persons will be co-opted onto the NRP:

- Pharmacy Access Scheme Reporting Officer; and
- Pharmacy Access Scheme Administration Officer

⁵ Complex cases are those where bullet points 4.5-4.9 of Community Pharmacy in 2016/17 and Beyond: The Pharmacy Access Scheme (PhAS) apply.

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Persons eligible to be voting or co-opted members of the NRP must sign a declaration to confirm that they have no conflicts of interest that will render them ineligible to sit on the panel. The minutes will record any declared conflicts of interest.

The Pharmacy Access Scheme Administration Officer will provide administrative support to the NRP to enable it to carry out its functions.

The NRP will meet as necessary in order to provide timely recommendations in respect of complex applications.

The Pharmacy Access Scheme Administration Officer will circulate the meeting agenda (having previously been agreed with the Chair) and papers to the voting and co-opted members via email two days before the meeting is scheduled to take place. In the event members wish to add an item to the agenda they need to notify the Pharmacy Access Scheme Administration Officer who will confirm this will be to the Chair accordingly.

In line with 'Community Pharmacy in 2016/17 and Beyond: The Pharmacy Access Scheme (PhAS)' (Department of Health, 2016) the NRP will 'aim to complete a review with six weeks of receiving a request' (Department of Health, 2016, p. 10)

A general report detailing all reviews undertaken during the review period will be provided to the Primary Care Delivery Oversight Group (PCDOG) at the end of the review period (31st March 2017) unless the applicant is relying on a physical feature anomaly which has occurred after the end of the initial three month review period. In this circumstance a report will be provided on a six monthly basis.

4 Responsibilities of the Pharmacy Access Scheme Reporting Officer

The Assistant Head of Primary Care Policy (Pharmacy & Dispensing Doctors) will perform the role of PhAS Reporting Officer (PhASRO).

Where requests for reviews are non-complex⁶ the PhASRO will make a presentation of these to the NRP who will make a recommendation in readiness for a final decision by the National Director.

The PhASRO will provide a report to the NRP detailing the presentation made in relation to non-complex reviews each time the panel meets.

⁶ Non complex cases are deemed to be those that meet bullet points 2.6, 4.1a, 4.1b, 4.1c, 4.3 and 4.10 of Community Pharmacy 2016/17 and Beyond: The Pharmacy Access Scheme (PhAS) (Department of Health, 2016)

Where requests for reviews are complex the PhASRO will be responsible for presenting individual reports to the NRP along with any necessary supporting evidence. The NRP will consider each case and make a recommendation in readiness for a final decision by the National Director. The PhASRO will be responsible for ensuring that this operational policy document is updated when necessary and appropriate.

The PhASRO will be responsible for ensuring that all associated documentation is updated when necessary and appropriate.

The PhASRO will be responsible for producing the summary report at the end of the review period (31st March 2017); and any subsequent reports of physical feature anomaly applications that may be heard after this date.

5 Responsibilities of the Pharmacy Access Scheme Administration Officer

A PhAS Administration Officer (AO) has been appointed. They will be responsible for the following:

- Creating a database on which to log all applications received in respect of a review against the PhAS;
- Maintaining, on a daily basis, the PhAS application database and creating a unique reference number for each review that is applied for;
- Maintaining correspondence with applicants to ensure that they are aware of the progress of their application. This will include but is not limited to the following:
 - Confirming that an application has been received;
 - Advising the applicant whether further information is required to enable processing of their application and the subsequent timescales for their application resulting from stopping the clock until the information has been received;
 - Logging when that additional information is received from the applicant and the subsequent restarting of the processing clock;
 - Close liaison with officers in DH to provide necessary information to ensure the timely processing of inaccuracy applications;
 - Advising applicants if the NRP will be presented with evidence not provided by the applicant, and sharing a copy of that evidence with them and inviting further representations regarding that evidence within the timescales outlined; and
 - Advising the applicant of the outcome of the review;

- Creating standardised documentation on which to write reports which will be presented to the NRP;
- Writing the reports which will be presented to the NRP. This will be done utilising standardised documentation;
- Take and transcribe minutes relating to the meetings of the NRP;
- Ensuring the PhASRO has the information necessary to make recommendations relating to non-complex cases; and
- Ensuring that all decisions are fully documented so that when appropriate the list of pharmacies eligible to receive funding under the PhAS can be updated.

6 References

Department of Health, 2016. *Community Pharmacy Reforms*. [Online]

Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561497/Pharmacy_access_scheme_A.pdf

[Accessed 2nd November 2016].