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Chief Pharmacists
Acute Trusts

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Dear Colleagues

SPECIALIST PHARMACY SERVICES (SPS)

SPS are critical for ensuring patient safety. For example, they provide quality assurance of hospital pharmacy aseptic medicines preparation services, which provide the majority of chemotherapy, or they deliver regional medicines information services which answer many thousands of complex medication enquiries from clinicians across the NHS every year. SPS also support efficiency in the NHS. For example, SPS medicines procurement pharmacists work with procurement professionals to deliver significant savings. SPS are deployed across England, and are delivered by senior, experienced pharmacists.

During the transition from the previous NHS structure, SPS came under threat from the change in funding flows. The Department of Health intervened and agreed to support the services, if required, until April 2014. The staffing arrangements for SPS are complex, and those employed by former PCTs were temporarily transferred to one of four Commissioning Support Units (CSUs). I am grateful to the Department of Health and CSUs for their help over this period.

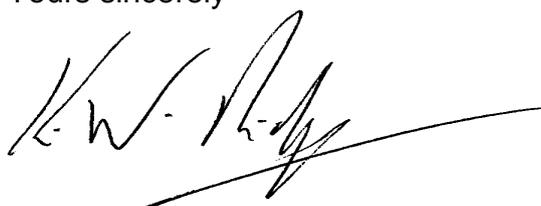
Given the uncertainty over how best to commission these important services within the new NHS architecture, I led a review of the services. The review report can be found at <http://www.england.nhs.uk/wp-content/uploads/2014/05/sps-final-rep-28-05-14.pdf>. The review made recommendations for the future organisation, commissioning, governance and funding of SPS. The recommendations have been accepted, and implementation will now begin. This includes NHS England directly commissioning these services for an initial two year period. This will both secure these important services and allow us to fully engage with clinical commissioning groups (CCGs), so that we can consider with them how best these services are to be commissioned from April 2016. NHS England's commissioning of SPS will be supported through a Memorandum of Understanding between the Department of Health and NHS England.

I will be establishing and chairing a SPS Oversight Group in the near future. In advance of the Oversight Group's first meetings, I will be arranging to meet with the chairs of the relevant specialist groups to begin the process of developing a specification for SPS. Subsequent to consideration by the Oversight Group, the draft specification will then be consulted on widely.

We are conscious that some CSUs and acute trusts have either funded local SPS and may not have received payment, or have no certainty of future funding. Payment issues for 2013/14 should have now been resolved and CSUs will have received information of how and to whom their invoices should be sent to. The invoicing arrangement will continue for 2014/15 and further details will be provided during 2014/15 regarding arrangements for 2015/16.

I hope this letter is helpful. Any **professional** enquires should be directed to myself keith.ridge@nhs.net. **Financial** enquiries should be directed to Claire Wilson, Head of Office and Professional Coordinator, Finance Directorate clairewilson10@nhs.net.

Yours sincerely



Dr Keith Ridge CBE
Chief Pharmaceutical Officer

cc Paul Baumann, Chief Financial Officer, NHS England
Dr Mike Durkin, Director of Patient Safety, NHS England
Dr Bruce Warner, Deputy Director of Patient Safety, NHS England
Managing Directors, Commissioning Support Units
Regional Directors of Finance, NHS England
Regional Medical Directors, NHS England
Regional Pharmacists, NHS England (London, South, North)
Dr Alistair Lipp, Deputy Medical Director, NHS England (Midlands and East)
Jeannette Howe, Head of Pharmacy, Department of Health
Claire Wilson, NHS Finance Directorate
Nick Beavon, Chair, Pharmaceutical Advisers Group
Richard Seal, Chief Pharmacist, NHS Trust Development Authority
All England Chief Pharmacist Group