NHS
North Lincolnshire
Clinical Commissioning Group

Date:	23rd August 2018
Meeting:	Joint Primary Care Commissioning Committee
Item Number:	12.0
Public/Private:	Public ☒ Private ☐

Author: *(Name, Title)*	Erica Ellerington, Primary Care Contract Manager
GB Lead: *(Name, Title)*	Geoff Day Interim Director of Primary Care
Director approval (Name)	Geoff Day
Director Signature **(MUST BE SIGNED)**	

Report Title:
NHS England Update
Decisions to be made:
To note

Link to a Strategic Objective?	☐	
Link to a Strategic Risk	☐	

Continue to improve the quality of services	☒	**Improve patient experience**			☒
Reduced unwarranted variations in services	☒	**Reduce the inequalities gap in North Lincolnshire**			☒
Deliver the best outcomes for every patient	☒	**Statutory/Regulatory**			☒
Purpose (tick one only)	Approval ☐	Information ☒	To note ☐	Decision ☐	Assurance ☐

Executive Summary (Question, Options, Recommendations):

This report is to update the Committee on matters pertaining to primary medical care within NHS England.

These being:-

1. Contract Changes
2. GP Resilience Programme
3. Estates, Technology & Transformation Fund (ETTF) Update
4. Online Consulting Update
5. Dispensing Review
6. Special Allocation Scheme

7. Audit of Capita		
Recommendations	Note the contents of this report	
Report history		
Equality Impact	Yes ☒ No ☐	
Sustainability	Yes ☒ No ☐	
Risk	Yes ☒ No ☐	
Legal	Yes ☒ No ☐	
Finance	Yes ☒ No ☐	

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	***Y***	***N***	***Date***		***N/A***	***Y***	***N***	***Date***
Patient:	☐	☐	☒		**Clinical:**	☐	☐	☒	
Public:	☐	☐	☒		**Other:**	☐	☐	☒	

North Lincolnshire Update

Prepared by Erica Ellerington
Primary Care Contract Manager
NHS ENGLAND – North (Yorkshire & the Humber)

23rd August 2018

1. Contract Changes

NHS England received a request on 12th June 2018 to vary the contract of Dr Whittaker and Partners by removing a partner from the contract.

NHS England has visited the practice to offer support and ensure that they are assured of the practices plans for the future. The contract variation has now been issued.

Action for the committee:

The Committee is asked to note this update.

2. GP Resilience Programme

The GPRP was announced as part of the GP Forward View. This four year programme has been in place since 2016 and is aimed at supporting practices to become more sustainable and resilient.

Guidance and documentation relating to the GPRP can be found on the NHS England website (link below).

https://www.england.nhs.uk/gp/gpfv/workload/resilience/

The North Yorkshire and Humber local allocation for 2018/19 is £232k in line with 2017/18 allocation. Details of how to apply for funding were been shared with Practices in early June 2018

The deadline for submission of applications to NHS England is the 29 June 2018. Applications were reviewed by members of the primary care team in NHS England and representatives from Humberside LMC and YORLMC. It is important to note that applications were reviewed against the key criteria published by NHS England which helps to identify resilience risk within GP practices and can be found on the guidance pages (link above).

North Lincolnshire received the highest amount of approved bids across the patch and these are summarised below;

- 20 bids received for North Lincolnshire
- 12 bids approved total £47,096
- Approved bids ranged from requests for internal systems ie: intradoc, organisational development support and support to promote the working of the networks

Memorandums of Understanding are currently being drawn up. A further panel meeting will be held in September to agree any further bids.

Action for the Committee

The Committee is asked to note this update.

3. Estates, Technology & Transformation Fund (ETTF) Update

A verbal update on each of the schemes will be provided at the meeting.

Action for the Committee

The Committee is asked to note this update.

3. Online Consulting Update

3 practices have now gone live with online consult; Riverside Surgery, Bridge Street and Barnatby with an additional 4 practices with agreed deployment dates by the end of September 2018.

A further 4 practices have shown interest and are currently working through the process with the programme project manager.

A website has been developed to track progress in North Yorkshire and the Humber

https://sites.google.com/riperian.co.uk/hcv-online-consultation/home

Action for the Committee

The Committee is asked to note this update.

4. Dispensing Review

Contract Managers across the Yorkshire and Humber region will undertake a review of dispensing patients included on the GP practice lists in line with Chapter 15 of the Pharmacy Manual.

Since NHS England was established no review has been undertaken despite this being an annual requirement, this is due in part to capacity and conflicting priorities for the teams.

Full details are included at Appendix 1.

Action for the Committee

The Committee is asked to note this update.

5. Special Allocation Scheme (SAS)

The policy guidance (see Appendix 2) has been drafted to provide guidance to commissioners and providers of essential primary medical care services in relation to the removal of patients who are violent from their practice list and the Special Allocation Scheme (SAS) intended to ensure these patients receive primary care services. The CCG has been asked to nominate a representative to join the panel.

Action for the Committee

The Committee is asked to note this update.

6. NHS England's management of the primary care support services contract with Capita

The National Audit Office undertook a review to assess whether NHS England managed the Primary Care Support England (PCSE) contract effectively to secure the intended benefits. The report has now been published. (See appendix 3).

Action for the Committee

The Committee is asked to note this update.

Yorkshire and Humber NHS England

Review of Dispensing Patients

Contract Managers across the Yorkshire and Humber region will undertake a review of dispensing patients included on the GP practice lists in line with Chapter 15 of the Pharmacy Manual.

Since NHS England was established no review has been undertaken despite this being an annual requirement, this is due in part to capacity and conflicting priorities for the teams.

A consistent approach to the review will be undertaken across the region.

Below is an outline of the proposed timescales:-

- September 2018 – Liaise with LPCs, LMCs, CCGs and Pharmaceutical Committee
- October – December 2018 – Review dispensing list rights to ensure no patients who live within 1.6 km of a community pharmacy are designated as dispensing patients unless an exception applies ie the only pharmacy a patient lives 1.6km within is a distance selling premises, or the pharmacy is within a reserved location or the patient has successfully applied under the serious difficulty rule
- Patients who are listed as dispensing but live within 1.6 km of a pharmacy will have their status changed on the Exeter system and practice IT systems from dispensing to prescribing , the Regional Pharmacy Committee will be asked to agree a timescale for removal of dispensing rights (gradualisation), the length of notice will take account of various factors including the number of patients to be removed, this will be agreed on a case by case basis, the minimum notice period being one month
- January – February 2019 – Evaluate outcome of the review
- March 2019 – Report confirming results of review to be shared with LPCs, LMCs, CCGs and Pharmaceutical Committee

Following completion of the review the list of dispensing patients will be rerun to ensure that the practice has removed dispensing rights as agreed.

It should be highlighted that no financial penalty will be incurred to the practices from the findings of this review.

Risks

The review is reliant upon PCSE providing information on patients living within 1.6km of a community pharmacy with dispensing rights. Discussions are ongoing with PCSE about how the information can be shared complying with General Data Protection Regulation.

Further information on the process to be followed is included in attachments:-

- Chapter 15 – Procedures - Dispensing Doctors
- Annex 47, Letter to Practices re: 1.6km
- Annex 48, Letter to Practices re: 1.6km – List of Patients to be Removed

Yorkshire and Humber Contract Managers

Updated 7th August 2018

Chapter 15

Procedures - Dispensing Doctors

Chapter aims and objectives

1. This chapter deals with issues relating to dispensing doctors, specifically:

   1.1 The procedure for ensuring that applications for outline consent and/or premises approval are dealt with in accordance with the Regulations which also includes:

      1.1.1 Relocations before the outline consent takes effect; and

      1.1.2 Relocations after the outline consent takes effect;

   1.2 The procedure for ensuring that the Commissioner makes decisions on 'serious difficulty' applications in a consistent manner that is fair to patients; and

   1.3 Dealing with requests from patients for the provision of pharmaceutical services from their GP practice, communication of dispensing patient list validation and discontinuation of provision of pharmaceutical services by doctors.

2. This chapter must be read in conjunction with Part 8 of the Regulations and Chapter 15 of the DH Guidance.

Background

3. Pharmacies may not always be viable in every part of the country, especially in more rural areas. That is where the services of dispensing doctors can, and do, play an important role ensuring patients receive their medicines promptly, efficiently, conveniently and to high quality.

4. Whether a patient is eligible to receive NHS dispensing services from a GP or not depends on certain conditions being met. The first condition is whether or not they live in a designated "controlled" locality. A controlled locality is an area that has been determined, either by the Commissioner, a predecessor organisation or on appeal by the FHSAU, to be "rural in character".

5. Areas that have not been determined as rural in character are not controlled localities unless and until the Commissioner formally determines them to be so.

6. Dispensing doctors may generally only provide pharmaceutical services to patients who live in a designated controlled locality, more than 1.6km (as the crow flies) from a pharmacy.

7. Decisions made by the Commissioner can generally be appealed to the FHSAU, although some appeals on fitness issues go to the First-tier Tribunal. If the Regulations make no provision for an appeal, or if someone is

dissatisfied with a decision of the FHSAU, any challenge would need to be made via the courts. Robust audit trails will therefore be maintained for each application and all determinations will be fully reasoned.

Procedure for Determining Applications for Outline Consent and/or Premises Approval

8. In order to provide pharmaceutical services to eligible patients, doctors must apply to the Commissioner for outline consent and premises approval. The first table below deals with this.

9. If a doctor wishes to change the premises from which they provide pharmaceutical services, for example, a relocation to new premises, then they must apply for premises approval for the new premises. This may occur after the grant of the application but before the grant takes effect or after the grant has taken effect. The second and third tables below deal with these scenarios respectively.

	Action	**Complete?**	**Notes**
1.	On receipt of an application for outline consent and premises approval, check the details have been added to the applications database. Ensure the database is updated as the application progresses.		
2.	Check that the following information has been provided: • The area to which the doctor wishes to provide services to is clearly specified; and • The doctor is requesting approval for the practice premises (premises approval) from which they wish to dispense. As all applications must be triggered by a request from a patient, the doctor will need to apply for outline consent for individual areas, rather than their entire practice area. The only exception to this would be where they have received applications from patients across a wide area. If the information has been provided, send the acknowledgement of receipt (Annex 1) and continue to the next step. If the information has not been provided, send the request for further information (Annex 2).		

	Action	Complete?	Notes
3.	Check that the area for which the doctor is seeking outline consent is a controlled locality. If it is, continue to the next step. If it isn't, refer to the procedure for controlled locality determinations (Chapter 14) and advise the doctor that a controlled locality determination will need to be made before their application can be determined (Annex 3). The processing of the controlled locality determination will run in tandem with the processing of the application.		
4.	Notify interested parties of the application using Annex 4. Refer to regulation 52 for details on who must be notified.		
5.	At the end of the 45-day notification period circulate representations to the applicant and those interested parties who responded using Annex 5.		
6.	Prepare a report (Annex 6) on the application for the decision-maker (set out in Chapter 3) and send to the relevant administrator/secretary.		
7.	After the meeting prepare the relevant decision letters based on the minutes of the meeting at which the decision was made. The granted letters are: • Granted – to the applicant (Annex 7); • Granted – to an interested party with no appeal rights (Annex 8); and • Granted – to an interested party with appeal rights (Annex 9). The refused letters are: • Refused – to the applicant (Annex 10); and • Refused – to an interested party (Annex 11), Refer to Annex 12 for third party rights of appeal. When the letters are completed, send to the officer responsible for signing decision letters.		

	Action	Complete?	Notes
	Once the decision letters are signed, send to the applicant and interested parties.		
8.	Diarise the latest date for appeals to be made.		
9.	If notice of an appeal is received, advise the decision-maker and assist in the production of a response.		
10	If, at the end of the 30-day appeal period, or once notification of the appeal decision is received, the application is not approved, ensure the applications database has been kept up to date and enter the outcome of the application. File the application and related documentation in the practice's file. No other actions are required. If, at the end of the 30-day appeal period or once notification of the appeal decision is received, the application is approved, go to the next step.		
11	Check to see whether there are any outstanding pharmacy applications for premises that fall within 1.6km of the doctor's premises. If there are none, go to step 12. If there are any outstanding applications, go to step 18.		
12	Where there are no outstanding pharmacy applications for premises that fall within 1.6km of the doctor's premises, send Annex 13 to the doctor.		
13	Update the dispensing doctors list accordingly and file the application and related documentation in the practice's file.		
14	Ensure the applications database has been kept up to date and enter the outcome of the application.		
15	Update other Commissioner databases as appropriate and inform the usual parties, for example, the relevant LMC and LPC.		
16	Ensure the Exeter system is updated where the practice did not previously provide pharmaceutical		

	Action	Complete?	Notes
	services. Advise the relevant person so that a contract variation notice is issued to vary the contractor's primary medical services contract to incorporate the dispensing clauses.		
17	Inform the relevant HWB when outline consent takes effect in order that it may consider whether the PNA needs to be updated accordingly. No other actions are required.		
18	Where there are outstanding pharmacy applications for premises that fall within 1.6km of the doctor's premises, send Annex 14.		
19	Diarise the earliest date (the provisional date) that the applicant may request a determination as to when the outline consent is to take effect.		
20	As soon as possible after the provisional date, send Annex 15 to the doctor.		
21	On receipt of a request for a determination as to whether outline consent may take effect, check that it has been received within three months of Annex 15 having been sent. If it has, go to the next step. If it hasn't, go to step 39.		
22	On receipt of a request for such a determination check: • that primary medical services are being provided at the premises, and • whether pharmaceutical services are being provided at the pharmacy premises to which the outstanding pharmacy application related. If primary medical services are being provided and pharmaceutical services are not being provided at the pharmacy premises to which the outstanding pharmacy application related, go to the next step. If primary medical services are not being provided or pharmaceutical services are being provided at the pharmacy premises to which the outstanding pharmacy		

	Action	Complete?	Notes
	application related, go to step 30.		
23	Send Annex 16 to the applicant.		
24	Update the dispensing doctors list accordingly and file the application and related documentation in the practice's file.		
25	Ensure the applications database has been kept up to date and enter the outcome of the application.		
26	Update other Commissioner databases as appropriate and inform the usual parties, for example, the relevant LMC and LPC.		
27	Ensure the Exeter system is updated.		
28	Where the practice did not previously provide pharmaceutical services: • ensure the Exeter system is updated; • advise NHS Prescription Services via form PPA305; and advise the relevant person so that a contract variation notice is issued in order to vary the contractor's primary medical services contract to incorporate the dispensing clauses.		
29	Inform the relevant HWB when outline consent takes effect in order that it may consider whether the PNA needs to be updated accordingly. No other actions are required.		
30	Where primary medical services are not being provided or pharmaceutical services are being provided at the pharmacy premises to which the outstanding pharmacy application related, send Annex 17.		
31	Diarise the latest date for appeals to be made.		
32	If notice of an appeal is received advise the decision-maker and assist in the production of a response.		

	Action	Complete?	Notes
33	At the end of the 30-day appeal period or once notification of the appeal decision is received and outline consent is to take effect, update the dispensing doctors list accordingly and file the application and related documentation in the practice's file.		
34	Ensure the applications database has been kept up to date and enter the outcome of the application.		
35	Update other Commissioner databases as appropriate and inform the usual parties, for example, the relevant LMC and LPC.		
36	Ensure the Exeter system is updated.		
37	Where the practice did not previously provide pharmaceutical services: • ensure the Exeter system is updated; • advise NHS Prescription Services via form PPA305; and • advise the relevant person so that a contract variation notice is issued to vary the contractor's primary medical services contract to incorporate the dispensing clauses.		
38	Inform the relevant HWB when outline consent takes effect so that it may consider whether the PNA needs to be updated accordingly. No other actions are required.		
39	If outline consent is not to take effect, ensure the applications database has been kept up to date and enter the outcome of the application. File the application and related documentation in the practice's file. No other actions are required.		

Relocations before outline consent takes effect

10. If an application for outline consent is granted but has not yet taken effect, the doctor may apply to change the premises from which they wish to provide pharmaceutical services to other premises in the area of the relevant HWB.

	Action	Complete?	Notes
	On receipt of such an application ensure the details have been added to the applications database. Ensure the database is updated as the application progresses.		
2.	Check that the following information has been provided: • the address of the premises for which the doctor is seeking approval; and • whether the premises are listed in relation to another area for which the doctor has approval to dispense to.		
3.	Notify interested parties of the application using Annex 18. Refer to regulation 52 for details on who must be notified.		
4.	At the end of the 45-day notification period circulate representations to the applicant and those interested parties who responded using Annex 19.		
5.	Prepare a report (Annex 20) on the application for the decision-maker (set out in Chapter 3) and send to the committee administrator/secretary.		
6.	After the meeting prepare the relevant decision letters based on the minutes of the meeting at which the decision was made. The granted decisions letters are: • Granted – to the applicant (Annex 21); • Granted – to an interested party with no appeal rights (Annex 22); and • Granted – to an interested party with appeal rights (Annex 23). The refused decision letters are: • Refused – to the applicant (Annex 24); and • Refused – to an interested party (Annex 25). Refer to Annex 26 for details on third party rights of		

	Action	Complete?	Notes
	appeal. When the letters are completed, send to the officer responsible for signing decision letters. Once the decision letters are signed, distribute to the applicant and interested parties.		
7.	Diarise the latest date for appeals to be made.		
8.	If notice of an appeal is received advise the decision-maker and assist in the production of a response.		
9.	If, at the end of the 30-day appeal period or once notification of the appeal decision is received the application is approved, go to the next step. If, at the end of the 30-day appeal period or once notification of the appeal decision is received, the application is not approved, ensure the applications database has been kept up to date and enter the outcome of the application. File the application and related documentation in the practice's file. No further actions are required.		
10	Check to see whether there are any outstanding pharmacy applications for premises that fall within 1.6km of the doctor's premises. If there are none, go to the next step. If there are any outstanding applications, go to step 17.		
11	Send Annex 27 to the doctor.		
12	Update the dispensing doctors list accordingly and file the application and related documentation in the practice's file.		
13	Ensure the applications database has been kept up to date and enter the outcome of the application.		
14	Update other Commissioner databases as appropriate and inform the usual parties, for example, the relevant LMC and LPC.		

	Action	Complete?	Notes
15	Where the practice did not previously provide pharmaceutical services: • ensure the Exeter system is updated; • advise NHS Prescription Services via form PPA305; and • advise the relevant person so that a contract variation notice is issued in order to vary the contractor's primary medical services contract to incorporate the dispensing clauses.		
16	Inform the relevant HWB when outline consent takes effect so it may consider whether the PNA needs to be updated accordingly. No further actions are required.		
17	If there are outstanding pharmacy applications for premises that fall within 1.6km of the doctor's premises send Annex 28.		
18	Put a note in the outstanding pharmacy application file and send Annex 29 when it reaches its final outcome.		
19	Diarise the date that premises approval will take effect should the pharmacy not open.		
20	Put a note in the outstanding pharmacy application file to send Annex 30 to the doctor if the pharmacy opens. If the pharmacy does not open, send Annex 31 to the doctor one year after the outstanding pharmacy application reached its final outcome.		
21	Update the dispensing doctors list accordingly and file the application and related documentation in the practice's file.		
22	Ensure the applications database has been kept up to date and enter the outcome of the application.		
23	Update other Commissioner databases as appropriate and inform the usual parties, for example, the relevant LMC and LPC.		
24	Ensure the Exeter system is updated.		

	Action	Complete?	Notes
25	Where the practice did not previously provide pharmaceutical services: • ensure the Exeter system is updated; • advise NHS Prescription Services via form PPA305; and • advise the relevant person within the AT so that a contract variation notice is issued in order to vary the contractor's primary medical services contract to incorporate the dispensing clauses.		
26	Inform the relevant HWB when outline consent takes effect so it may consider whether the PNA needs to be updated accordingly		

Relocations after outline consent takes effect

11. Once outline consent has taken effect the doctor may wish to relocate to new premises in relation to the area for which they have outline consent.

	Action	Complete?	Notes
1.	On receipt of such an application ensure the details have been added to the applications database. Ensure the database is updated as the application progresses.		
2	Check that the following information has been provided: • the address of the premises for which the doctor is seeking approval; and • whether the premises are listed in relation to another area for which the doctor has approval to dispense to.		
3	Notify interested parties of the application using Annex 32. Refer to regulation 52 for details on who must be notified.		
4	At the end of the 45-day notification period circulate representations to the applicant and those interested		

	Action	Complete?	Notes
	parties who responded using Annex 33.		
5.	Prepare a report (Annex 34) on the application for the decision-maker (set out in Chapter 3) and send to the committee administrator/secretary.		
6.	After the meeting prepare the relevant decision letters based on the minutes of the meeting at which the decision was made. The granted decision letters are: • Granted – to the applicant (Annex 35); • Granted – to an interested party with no appeal rights (Annex 36); and • Granted – to an interested party with appeal rights (Annex 37). The refused decision letters are: • Refused – to the applicant (Annex 38); and • Refused – to an interested party (Annex 39). Refer to Annex 40 for details on third party rights of appeal. When completed, send to the officer responsible for signing decision letters. Once the decision letters are signed distribute to the applicant and interested parties.		
7.	Diarise the latest date for appeals to be made.		
8.	If notice of an appeal is received advise the decision-maker and assist in the production of a response.		
9.	If, at the end of the 30-day appeal period or once notification of the appeal decision is received, the application is approved, go to the next step. If, at the end of the 30-day appeal period or once notification of the appeal decision is received, the application is not approved, ensure the applications database has been kept up to date and enter the outcome of the application. File the application and related documentation in the practice's file. No further		

	Action	Complete?	Notes
	actions are required.		
10	Check to see whether there are any outstanding pharmacy applications for premises that fall within 1.6km of the doctor's premises. If there are none, go to the next step. If there are any outstanding applications, go to step 16.		
11	Send Annex 41 to the doctor.		
12	Update the dispensing doctors list accordingly and file the application and related documentation in the practice's file.		
13	Ensure the applications database has been kept up to date and enter the outcome of the application.		
14	Update other Commissioner databases as appropriate and inform the usual parties, for example, the relevant LMC and LPC.		
15	Inform the relevant HWB when premises approval takes effect in order that it may consider whether the PNA needs to be updated accordingly. No further actions are required.		
16	If there are outstanding pharmacy applications for premises that fall within 1.6km of the doctor's premises send Annex 42.		
17	Put a note in the outstanding pharmacy application folder and send Annex 43 when it reaches its final outcome.		
18	Diarise the date that premises approval will take effect should the pharmacy not open.		
19	Put a note in the outstanding pharmacy application file to send Annex 44 to the doctor if the pharmacy opens. If the pharmacy does not open, send Annex 45 to the doctor one year after the outstanding pharmacy application reached its final outcome.		

	Action	Complete?	Notes
20	Update the dispensing doctors list accordingly and file the application and related documentation in the practice's file.		
21	Ensure the applications database has been kept up to date and enter the outcome of the application.		
22	Update other Commissioner databases as appropriate and inform the usual parties, for example, the relevant LMC and LPC.		
23	Ensure the Exeter system is updated.		
24	Inform the relevant HWB when outline consent takes effect in order that it may consider whether the PNA needs to be updated accordingly. No further actions are required.		

Procedure for Determining 'Serious Difficulty' Applications

12. Provision has been in place for many decades to enable a patient who has 'serious difficulty' in accessing a pharmacy to receive NHS dispensing services from a doctor instead. This now appears in regulation 48(2).

13. Such instances are likely to be much rarer now than previously. Total pharmacy numbers have increased over the last few years, internet-based services are more common and accepted by patients, communities and populations may have grown to enable pharmacies to be viable in more remote areas, and many pharmacies now offer home delivery services. Nonetheless, it is possible that the Commissioner will have to deal with such applications.

    13.1 Such serious difficulty may arise either by reason of:

        13.1.1 distance, or

        13.1.2 inadequate means of communication.

14. Applications may be made whether or not the patient lives in a controlled locality. A patient may live within a short distance of a pharmacy as the crow flies but the layout or geographical features of the area means that the most practicable route to access a pharmacy presents considerable difficulties.

	Action	Complete?	Notes
1.	Upon receipt of a serious difficulty application, add the details to the serious difficulty applications database. Ensure the database is updated as the application progresses.		
2.	Check that all information has been provided by the patient and that the patient's GP has completed the GP section. This is particularly important if the serious difficulty application form (Annex 46) has not been used. Where information is missing, inform either the patient or the GP.		
3.	Once all information is provided and it has been validated as much as possible, pass to the decision-maker (set out in Chapter 3) for a decision as to whether it is to be approved or not.		
4.	Refer to Annex 47 for factors that may be relevant to a serious difficulty application.		
5.	Ensure decisions are made and communicated to the patient and their GP practice within 30 days of receipt of a fully completed application.		
6.	Ensure decisions are fully reasoned and documented. There are no rights of appeal against the decision and therefore the only route for a patient to challenge such a decision is through the courts.		
7.	Where the application is approved, request that a patient note is added to the patient's Exeter file stating that the patient has been approved to be dispensed to under the serious difficulty rule and that approval is to be reviewed in five years' time unless there is a change to the patient's circumstances in the meantime, for example they change address.		
8.	Ensure that the application, decision and letter to the patient are stored electronically in the serious difficulty applications folder, ensuring documents are password protected as they will contain patient identifiable		

	Action	Complete?	Notes
	information.		

Dealing with Requests for the Provision of Pharmaceutical Services

15. Patients may at any time request in writing that their GP practice provides them with pharmaceutical services. The practice would then check that the patient meets one of the conditions set out in regulation 48. If the patient does meet a condition, the practice must apply to the Commissioner enclosing the patient's request.

16. In reality, the practice would amend the patient's status on their clinical system from 'prescribing' to 'dispensing' – this is then transmitted to the Exeter system, which accepts the amendment without any validation (other than to check the practice is a dispensing practice). This has led to a considerable number of patients being accepted erroneously as dispensing patients.

Validating Dispensing Patient Lists

17. Validation of dispensing patient lists should be undertaken at two levels:

    17.1 Does *the patient* meet one of the conditions set out in regulation 48?

    17.2 Does *the practice* have (a) outline consent/historic rights to dispense to the patient's address and (b) premises approval for the premises at which they will provide pharmaceutical services to the patient?

18. The Commissioner will need to ensure that dispensing patient lists are accurate.

Patients: Monitoring the 1.6km Rule

19. Patients who live within 1.6km of a pharmacy (as the crow flies) must meet one of the exception to remain an eligible dispensing patient. Those exceptions are:

    19.1 the patient lives within 1.6km of only a distance selling pharmacy;

    19.2 the patient lives within a reserved location; or

    19.3 the patient has successfully submitted a serious difficulty application.

20. The Commissioner should check once a year that all dispensing practices' dispensing patient lists are validated in respect of the 1.6km rule using the following steps.

	Action	Complete?	Notes

	Action	Complete?	Notes
1.	For each dispensing practice identify a list of dispensing patients who live within 1.6km of a pharmacy and check that: • They do not live within a reserved location that was defined in connection with that pharmacy, and • Have not had serious difficulty applications granted.		
2.	Send Annex 48 to the relevant GP practices enclosing a list of their patients who live within 1.6km of a pharmacy.		
3.	Review any comments that are received and resolve any disputes, carrying out site visits if necessary.		
4.	Once all outstanding issues are resolved, advise the decision-maker (set out in Chapter 3) of the numbers of patients involved for each practice both as a total number of patients and the percentage of the dispensing patient list this equates to. Request that a decision be made on the timescales for implementing the removal of patient from the dispensing patient list bearing in mind the time needed for the affected patients and the practice to adjust to the change.		
5.	Send Annex 49 to the affected practices. Any serious difficulty applications that are received are to be dealt with in accordance with the procedure for determining serious difficulty applications – see the relevant procedure in this Chapter.		
6.	On the date of removal from the practice's dispensing patient list, change the patients' dispensing status on Exeter to prescribing.		

-

Patients: Ensuring Dispensing only Takes Place in Controlled Localities

21. Patients living outside of a controlled locality must have had a serious difficulty application granted or they will be unable to have drugs dispensed by their GP practice.

22. The Commissioner is required to publish its controlled locality maps. The Commissioner should check these maps against the addresses of dispensing patients in its area to ensure that no patients living outside controlled localities are having drugs dispensed by their GP.

23. The Commissioner should check once a year that, unless they have successfully submitted a serious difficulty application, all dispensing patients live in a controlled locality using the following steps.

-

	Action	**Complete?**	**Notes**
1.	For each dispensing practice identify a list of dispensing patients who do not live in a controlled locality and check that none have had serious difficulty applications granted.		
2.	Send Annex 50 to the relevant GP practices enclosing a list of their patients who live outside of a controlled locality.		
3.	Review any comments that are received and resolve any disputes, carrying out site visits if necessary.		
4.	Once all outstanding issues are resolved, advise the decision-maker (set out in Chapter 3) of the numbers of patients involved for each practice both as a total number of patients and the percentage of the dispensing patient list this equates to. Request that a decision be made on the timescales for implementing the removal of patient from the dispensing patient list bearing in mind the time needed for the affected patients and the practice to adjust to the change.		
5.	Send Annex 51 to the affected practices. Any serious difficulty applications that are received are to be dealt with in accordance with the rurality and related determinations policy and the procedure for determining serious difficulty applications.		
6.	On the date of removal from the practice's dispensing		

	Action	Complete?	Notes
	patient list change the patients' dispensing status on Exeter to prescribing.		

-

Practices: Historic Rights

24. Further validation will require accurate and up-to-date records of which areas practices have outline consent or historic rights to dispense to.

25. If a GP practice was authorised to dispense to patients in an area before 1 April 1983, they have accrued what have become known as historic rights. If a GP practice has been authorised to dispense to patients in an area on or after 1 April 1983, they have obtained outline consent.

26. In either case the practice must also have premises approval for the premises at which they provide pharmaceutical services. This information should be available in the dispensing doctors lists, which include the addresses of all GP practice premises that have premises approval.

27. The Commissioner must have in development a rolling programme to check once a year that dispensing patients, living in areas for which their GP practice has historic rights, meet one of the criteria set out in regulation 48(3)(b)(ii).

-

	Action	Complete?	Notes
1.	For each dispensing practice, identify a list of dispensing patients who appear not to meet one of the additional criteria and check that none has had serious difficulty applications granted.		
2.	Send Annex 52 to the relevant GP practices enclosing a list of their patients who do not appear to meet one of these criteria.		
3.	Review any comments received and resolve any disputes, carrying out site visits if necessary.		
4.	Once all outstanding issues are resolved, advise the decision-maker (set out in Chapter 3) of the numbers of patients involved for each practice, both as a total number of patients and the percentage of the dispensing patient list this equates to.		

	Action	Complete?	Notes
5.	Request that a decision be made on the timescales for implementing the removal of patient from the dispensing patient list bearing in mind the time needed for the affected patients and the practice to adjust to the change.		
6.	Send Annex 53 to the affected practices. Any serious difficulty applications that are received are to be dealt with in accordance with the rurality and related determinations policy and the procedure for determining serious difficulty applications.		
7.	On the date of removal from the practice's dispensing patient list change the patients' dispensing status on Exeter to prescribing.		

-

Communications

28. Validation of dispensing patient lists began in 2013 and the Commissioner should continue to discuss the progress of this process with the relevant local medical committee (LMC) or committees and local pharmaceutical committee (LPC) or committees

29. Discussions should also take place with those dispensing practices whose dispensing patient lists are about to be validated so that they understand the basis of the exercise. Similarly discussions should be held with the relevant local Healthwatch organisation.

Discontinuation of the Provision of Pharmaceutical Services by Doctors

30. Changing patients' status from dispensing to prescribing will be a considerable change for patients and may require the GP practice to amend working practices and possibly result in staff changes or redundancy.

Chapter 15

Annex 47

Letter to Practices re: 1.6km

[*date*]

Dear [*insert*]

Validation of your dispensing patient list

As I am sure you are aware, GP practices may only dispense to their patients who live in a controlled locality at a distance of more than 1.6km from any pharmacy premises, other than distance selling premises. The only exceptions to this are where:

- the patient has satisfied NHS England or a preceding organisation that they would have serious difficulty in obtaining their drugs or appliances from a pharmacy by reason of distance or inadequacy of means of communication (the serious difficulty rule); or

- a reserved location was determined in connection with the pharmacy and this determination is extant.

We have recently checked your dispensing patient list and have identified a number of patients who live within 1.6km of a pharmacy and for whom we have no record of a successful application under the serious difficulty rule. A list of these patients is enclosed.

I would be grateful if you could review the list and if you have any comments to make please send them to me by [*insert date*].

Your comments will be taken into account before making a final decision as to whether to remove patients from your dispensing patient list.

[As both you and your affected patients will require time in which to transition to being prescribing patients, we will also decide how quickly or otherwise the change will take place. This period of time will be based on various factors, including the number of patients who will be affected and the percentage of your dispensing patient list this equates to.]

Should you have any queries please contact me.

Yours sincerely

[*name*]

[*title*]

Enc

Chapter 15

Annex 49

Letter to Practices re: 1.6km – List of Patients to be Removed

[*date*]

Dear [*insert*]

Validation of your dispensing patient list

Further to my earlier letter I would like to thank you for your time and assistance in reviewing your dispensing patient list.

Please find enclosed a list of patients who will be removed from your dispensing patient list because they live within 1.6km of a pharmacy and have not previously successfully applied under the serious difficulty rule.

[Although these patients are not eligible to be dispensed to, we recognise that you will need to communicate the change to prescribing-only status to your patients and to adjust your work practices. So we are giving you [*insert number of months*]' notice that you should discontinue the provision of pharmaceutical services.

This period starts on [*insert date*] and ends on [*insert date*] at which point the affected patients will be changed to prescribing patients on the Exeter system.]

As you will be aware, dispensing to ineligible patients is *ultra vires* and may mean that the practice is claiming funds inappropriately.

For patients who believe they would have 'serious difficulty' in obtaining their drugs or appliances from a pharmacy, I enclose an application form so that they can apply under regulation 48(2) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The 'serious difficulty' test enables any patient to apply to request that their doctor provides pharmaceutical services to them. We must be satisfied that the patient would have serious difficulty in obtaining any necessary drugs or appliances from a pharmacy by reason of distance or inadequacy of means of communication. There is no appeal within the aforementioned regulations against our decision.

Thank you for your assistance.

Yours sincerely

[*name*]

[*title*]

Enc

Special Allocation Scheme (SAS) – Policy Guidance for Service Commissioners

Objective: to provide an outline of the policy guidance and key requirements for Commissioner action emerging from the policy

1. Overview

The policy has been drafted to provide guidance to Commissioners and providers of essential primary medical care services in relation to the removal of patients who are violent from their practice list and the Special Allocation Scheme (SAS) intended to ensure these patients receive primary care services.

2. Background

The introduction of a Directed Enhanced Service in 2004 was intended to provide general primary medical care services in a suitable and secure environment to patients who have been subject to an immediate removal from a practice list because of an act of violence, or the risk or threat of and meet the criteria for inclusion in the scheme.

The scheme enabled Commissioners to balance the rights of patients to receive services from GPs with the need to ensure that the GPs and staff, and patients deliver and receive these services without actual or threatened violence or any other reasonable fear for their safety.

The removal of a patient from a practice list is subject to specific regulations and should only be used as a last resort when all other ways of managing the patient's behaviour has been exhausted.

The grounds on which a contractor may request that a person be removed from its list of patients with immediate effect are that "the person has committed an **act of violence against** any of the persons specified …) **or has behaved in such a way that any of those persons has feared for their safety"**.

Since 2004 the administrative arrangements of existing SA scheme across England have become disparate and varied. This has created challenges when trying to apply the Regulations consistently and the practical application of the scheme through a single delivery partner Primary Care Support England.

3. Summary of Policy (Contents)

The policy guidance focuses on a number of key themes (which are intended to support implementation of, and commissioning and monitoring of an SAS :

- The purpose of the document: to provide Commissioners with consistent national guidance to support good commissioning of SAS. It aims to provide a steer on the implementation of SAS in practice and how to work with Primary Care Support England (PCSE), which is delivered on behalf of NHS England
- Commissioning a robust service

- The scope of/eligibility criteria for a SAS
- The process for requesting the immediate removal of a patient – **see patient pathway below**
- What happens to a patient after removal ,including the returning of choice to a patient

4. The Main Actions required locally from Guidance

The following actions are requirements within the guidance for Commissioners to manage going forward. These include:

Requirement for the monitoring and reviewing of placements - after removal, all requests and allocations to SAS will be reviewed by a SAS Panel. The panel will monitor the ongoing appropriateness of the removal, allocation and rehabilitation of the patient. This is with a view to safely returning choice to the patient in timely way and reintegration to mainstream Primary Care.

Action:

To establish an SAS Panel to review all patients at 6 to 12 monthly intervals as appropriate.

To establish an exceptional discharge panel to review patients registered on the scheme for over 2 years

Patient Appeal - The patient referred to the SAS has a right of appeal and should they wish to do so, can appeal against the decision by putting this in writing within 14 days of the notification of the referral, addressing it to the Commissioner's SAS Liaison Team. The Commissioner will contact the practice to notify them of the appeal and invite them to provide any supplementary information in relation to the removal.

The appeal should be reviewed by a panel convened by the Commissioner (a 'SAS Panel'). The panel should include appropriate representations (including LMCs and a patient representative group as appropriate).

Action: to establish an SAS Panel to review appeals

SAS Contractor review of referral - SAS Contractor contacts Commissioner if referral considered not appropriate. This is intended as an exception rather than a rule. The Commissioner should consider convening a panel to review e.g. in the same way a patient appeal.

Action: to establish an SAS Panel to review referrals as and when required.

4. Recommendations and Actions Required

To confirm the requirement for North Yorks. and Humber Providers implement processes to supply baseline information to support the review placements in line with the policy for the year - NHS England to lead on behalf of CCGs.

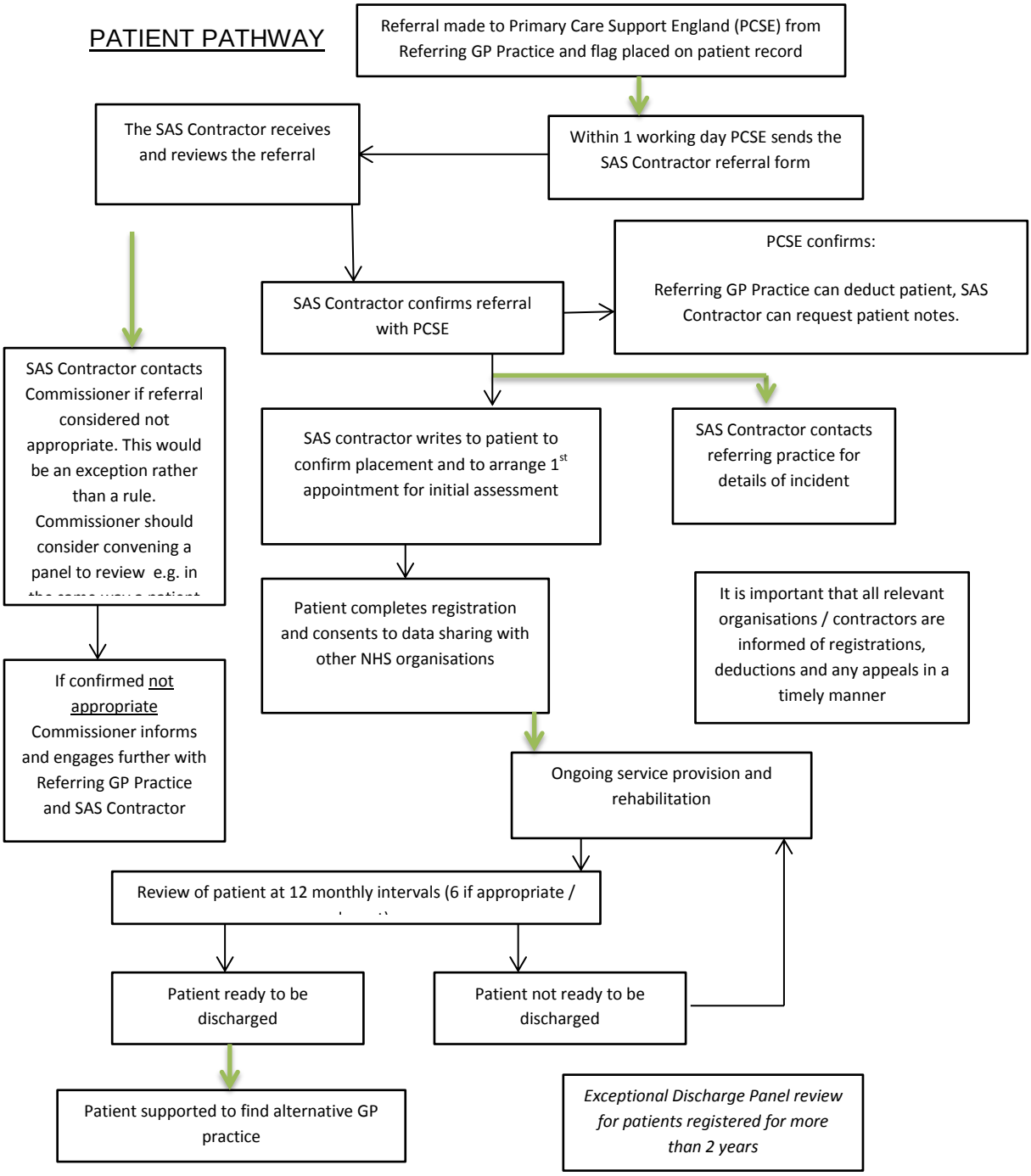
To establish a SAS Panel.

The establishment of a Panel to undertake reviews of all referrals reviews (within the parameters of 6 to 12 months as appropriate and also a programme of exceptional reviews for those patients registered for over 2 years,) ;

provider request for a review of the initial referral and patient appeals.

The CCGs are asked to nominate a representative to join the Panel. The representative can be an officer s or member of the CCGs PCCC – NHS England liaison with CCGs

Note : It is likely that the Panel will be convened at short notice to comply with process timescales and as such may well be managed by email or telephone conferences .



NHS England

Date 14.3.2018