

Call for evidence: Health and Social Care Bill

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Background

Community Pharmacy NI (CPNI) represents community pharmacy contractors in Northern Ireland in negotiations with the Health and Social Care Board and the Department of Health (NI) on services, the pharmacy contract, and remuneration and reimbursement.

General

CPNI welcomes the opportunity to respond to this request for evidence in respect of the Health and Social Care Bill.

CPNI expressed a view in the consultation process that the current HSC administrative structure needs reworked, but that the aim should be to remove layers of bureaucracy, not simply transfer these from HSC Board to the Department. CPNI further recognised that there is a need to move away from a culture of bureaucratic micromanagement; to reduce the administrative burden of front-line staff; and to provide community pharmacists with the freedom to deliver high quality care to patients.

Community pharmacy is one component of the Family Practitioner Services (FPS) which is currently under-utilised, but which has clearly demonstrated its central role in public health provision. The Health Minister recently stated:

“Community pharmacies have been playing a pivotal role in delivering health services to communities in Northern Ireland during the pandemic and it is clear that there is a very high level of public confidence in the professionalism and dedication shown by community pharmacies during what has been an extremely challenging year”.

The Northern Ireland community pharmacy network is unique in the UK as it functions at a level much closer to local communities, is more involved with local statutory and non-statutory community health and social care networks, and has the highest level of regular patient use than any other UK region. Any restructuring of the HSC must facilitate the opportunity to maximise this key front line HSC resource and support innovation to deliver innovative services at the closest level to patients and communities.

Comments

In considering the proposals in the Bill, CPNI would note the following:

It is important that the FPS, as independent practitioners, are all allowed to retain their current level of independence and degree of autonomy as this is part of the strength of this sector and one which allows it to respond quickly to change and demand, rather than being overly constrained or controlled by others.

Commissioning

We agree that the current commissioning model is not as effective as it could be and is too complex for a patient base of this size. Much of the focus of discussions during the consultation process were centred on Trusts and GP practice, but it is essential that the new HSC commissioning process is capable of understanding, appreciating and harnessing the strengths of community pharmacy to improve access and quality of services to patients.

Concerns in respect of the removal of the statutory requirement for Local Commissioning Groups (LCGs) have been raised by MLAs and we echo the fear that the local voice will be diminished, that this will contract the expertise available to the process of commissioning primary care pharmaceutical services, and that this will reduce the access to experienced people to mediate ill-thought-out policies.

The Health Minister referred in the Assembly to *"...a new way of planning services...A key part of that process will be to take on the learning from the local commissioning groups and bring forward a mechanism to ensure the continuation of local input."*

CPNI would ask for clarity on details of these new processes and mechanisms which will ensure that the learning of the local commissioning groups is utilised and to ensure the continuation of local input.

It would also be critical that assurances are given that stakeholders (including CPNI) are fully consulted on any proposals in respect of any such new processes and mechanisms..

Budgetary and service provision

While the Bill does not deal with funding *per se*, CPNI is concerned that there is a possible risk of budgetary and service provision being delegated to Trusts. There has been comment recently in respect of Trusts operating 'population health' models of care that span primary and secondary care. HSC provision through Trusts currently focuses mainly on acute and community care, therefore while Trusts may understand patient and service need at this level, they tend to be more detached from the primary care and preventative health care needs of patients, particularly in terms of the need for services provided by independent contractor services such as community pharmacists.

CPNI is aware that typically there are recurrent budgetary deficits in Trusts, and we would not want to see a situation under new 'delegated arrangements' where Trusts have a responsibility for FPS/Primary Care contracted services and where Trusts might see the opportunity to off-set secondary care budgetary deficits through reduced FPS funding allocations to which they have access.

Under the Health and Personal Social Care (Northern Ireland) Order 1991, HSC Trusts appear to be very much dependent on the directions they will receive from the Department. It will be critical that funds earmarked for community pharmacy are ringfenced so as to protect them from re-allocation elsewhere and it is critical that the Department is specific when giving directions to HSC Trusts regarding the allocation/use of funds for pharmacy services.

Clause 34 S1: Article 63AA indicates that market entry appeals will be dealt with in future by a “prescribed body”. It would be essential that CPNI is consulted on the composition of that body.

Clause 35 S1: Articles 63A and 63B of the Health and Personal Social Services (Northern Ireland) Order 1972 set out in some detail the powers of HSCB to arrange for additional pharmaceutical services. Rather than just replacing references to HSCB with references to the Department, the Bill replaces the existing Articles 63A and 63B with a single new Article 63A. However, CPNI cannot identify any significant difference between what is in the current Articles and what will be in the new Article, and clarification would be useful.

General

Continuity of community pharmacy services and retaining the unique value of the Northern Ireland community pharmacy network in supporting patients and the health service must be maintained and enhanced in the transfer of HSCB functions to the Department. We would encourage Senior Department officials, who will be charged with the responsibility of directing and over-seeing health service provision going forward, to draw on the experience and expertise of HSCB Integrated Care professionals, with current responsibilities for pharmacy services, to ensure responsive community pharmacy services can continue to be developed as witnessed through-out COVID-19. The Northern Ireland community pharmacy network acts as a buffer for the HSC and a safety net for patients, it is an essential front line health care provider, key to the Re-Building of HSC.

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