
Contents

- [GPhC annual report](#)
 - [NHS Resolution annual report](#)
 - [DHSC pushes back publication of new PNAs](#)
 - [New terms of service requirements for distance selling pharmacies](#)
 - [Premises enforcement by the GPhC](#)
 - [What's in store for 2021?](#)
 - [It's a deal](#)
-

GPhC annual report

The Professional Standards Authority is the regulators' regulator, overseeing all the healthcare regulators. It has recently published its annual review of the GPhC. Whilst the Council meets its statutory duties in several areas, it continues to fail in respect of its fitness to practise function, failings which have continued for several years now.

Key concerns include how the Council handles the triaging of cases, the closing of investigations prematurely and excessive delays in bringing cases.

In relation to delays, it now takes an average of almost 2 years from the receipt of a concern to a final fitness to practise hearing taking place; incredibly, 23 cases have been open for more than 3 years. Whilst some of those relate to cases which have been paused pending criminal investigations, this is an increase on the previous year's figure of 16 cases.

These delays add to the anxiety felt by pharmacists who are facing a fitness to practise investigation but also undermine public confidence in the process. The GPhC has repeatedly promised to the PSA that it will improve performance in this area, but the situation seems to be getting worse.

NHS Resolution annual report

It must be that time of year, because NHS Resolution, which handles market entry appeals in England, has also recently published its annual report. The number of appeals dealt with by NHSR over the last year has remained steady compared to last year. Looking at the statistics:

- 6 new pharmacy contracts were granted on appeal, all but one of which were offering unforeseen benefits outside the PNA.
- Two thirds of relocation applications (14 in total) were granted.
- The number of distance selling application appeals has decreased, but 7 were still granted on appeal over the last year.

DHSC pushes back publication of new PNAs

The Market Entry rules in England require Health and Wellbeing Boards to prepare and publish an assessment of the pharmaceutical needs of those who live in the HWB area. A new PNA must be published at least every three years, and should be updated if there are significant changes in local health needs.

PNAs can be used to support an application for a new pharmacy contract if they identify unmet needs or areas where a new pharmacy would secure improvements or better access to pharmaceutical services, although few PNAs ever identify gaps in services in our experience.

The first PNAs were published in 2015, and most were last updated in 2018. They were therefore due to be updated again in 2021. However, due to coronavirus, that has been pushed back to April 2022. Whilst very few pharmacy applications are made based on the contents of a PNA, by the time they are updated in 18 months' time they will be even less relevant than they are now.



Articles

- [How pharmacists could supply the COVID-19 vaccine](#)
(Chemist and Druggist)
 - [Key thoughts on buying a pharmacy](#)
(P3 Pharmacy)
 - [Can a notice to close a pharmacy be withdrawn?](#)
(Pharmacy Business)
 - [Pharmacists should be aware of the downsides to new MUR legislation](#)
(Chemist and Druggist)
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New terms of service requirements for distance selling pharmacies

Pharmacies in England which are included in the pharmaceutical list as distance selling pharmacies are required to provide a national service. However, concerns have been raised that some distance selling pharmacies are only promoted within their local area, and dispense a disproportionate number of items from a small number of GP practices. In order to force a more national service promotion, from 1st April 2021 all distance selling pharmacies will have to operate a website which must meet certain conditions.

Premises enforcement by the GPhC

All retail pharmacy premises in Great Britain must be registered with the General Pharmaceutical Council. For some time the GPhC has had statutory powers to impose conditions on a premises registration, or even to suspend or remove a premises registration. The power has been little used by the GPhC, which has preferred to investigate failings in a pharmacy by investigating the responsible pharmacist under fitness to practise rules.

However, this position has changed over the last year, with more and more premises enforcement action being taken, largely focussed on particular areas of concern such as online pharmacies, or those supplying “excessive” quantities of medicines which may be subject to abuse.

This is a quick and easy route of enforcement for the GPhC but can be lacking in appropriate oversight or due process. For example:

- Concerns have been raised by pharmacists that enforcement decisions are often opaque with a lack of dialogue between the pharmacy owner and inspector before the decision is made.
- Decisions are made without a hearing and conditions can only be challenged by an application to the Administrative Court, which can be both time-consuming and costly.
- Whilst an affected pharmacy can apply to the Registrar for the conditions to be varied or removed, again this is a paper exercise with no right to a hearing.

Where enforcement action is taken, it is important that this is done in a balanced way, and that basic human rights to a fair hearing are maintained. There are concerns that the GPhC’s use of enforcement action against pharmacy premises – rather than the pharmacists themselves – is circumventing those basic principles of fairness.

What’s in store for 2021?

Whilst making predictions is always risky (the events of 2020 being an obvious example), I thought I would get my crystal ball out and have a look at what might be in store for 2021.

- Technically the Brexit transition period will end before 2021 starts, but the end of the transition period is likely to bring some rapid changes to community pharmacies, most notably in relation to FMD.



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- The DHSC has said that it plans to review the Pharmacy Access Scheme (which provides additional support to some, more remote, pharmacies) in 2021.
- With the continued push towards a more service-orientated pharmacy contract, the tension between the legal requirement for pharmacists to supervise activities in the dispensary and also to be with patients in the consultation room grows. Expect supervision to come under the spotlight in 2021.
- Since the funding cuts in England were announced back in 2016 the DHSC has been talking about increasing the use of hub and spoke models to “improve efficiencies”. Legal barriers get in the way at the moment, so might 2021 be the year that the law is changed?
- Coronavirus vaccination. Community pharmacies are likely to play only a small role in the vaccination rollout initially because of the particular storage conditions for the first vaccines to the market. However, later vaccines may be more amenable to widespread community pharmacy delivery, and the DHSC has made changes to the law and pharmacy terms of service to enable pharmacies to play their part.

Should you wish to see me breakdown these predictions in more detail, you can watch me explain everything [here](#).

It's a deal

Our Pharmacy Transaction team has continued to see high levels of market activity with a number of transactions in progress. Recent transactions concluded include:

- Acting for the Court appointed deputies of Teresa Conway on the sale of her London based pharmacy to Raz Enterprises Limited (brokered by Alliance Valuers).
- Acquisition by NR Pharma Ltd of London based pharmacy company Savemain Healthcare Ltd (brokered by Hutchings Consultants).
- Acquisition by Elecrta Prescribing Ltd of London based pharmacy from Pyramid Pharma Pharmaceuticals Ltd.
- Acquisition by Fiveqube Ltd of Bradford based Farrow Pharmacy from Farrow Pharmacy Ltd.
- Sale by Jorgen Andersen of Hastings based pharmacy operator J Andersen Ltd to Parimi Holdings Ltd (brokered by Hutchings Consultants).

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