

Pharmacy Access Scheme Reviews: Frequently Asked Questions (Updated March 2020)

The Pharmacy Access Scheme is intended to protect patient access to physical pharmaceutical services by providing additional funds to pharmacies that are located a mile or more from another pharmacy, and dispensed fewer than 109,012 worth of prescription fees in 2015/16. Detailed information on the Pharmacy Access Scheme was published by the Department of Health and Social Care in January 2018 and can be found at the following link:

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

The review process for the Pharmacy Access Scheme was designed to allow for consideration of extenuating circumstances which meant that access was not protected in the way intended by the scheme. Details of this review process can be found at the link above.

This document provides additional information, following questions from contractors following the announcement of the scheme in 2016.

Q.1 How long will the current PhAS be maintained?

The current scheme will be maintained until 31st March 2021.

Q2. What are the plans for the PhAS for 2021/2022 and beyond? Why has the revision of the scheme been postponed?

The scheme will be subject to further review to determine its effectiveness and the future arrangements for the PhAS. Following the announcement of the Community Pharmacy Contractual Framework five-year deal (CPCF) there is now a clearer picture of the changes taking place over the next five years and how the role of community pharmacy will develop.

We will now need to review the scheme and update it for 2021/2022 until the end of the current 5-year deal (23/24). This will be announced in collaboration with NHS England and NHS Improvement and the Pharmaceutical Services Negotiating Committee (PSNC) to comment from 1st April 2021.

Q3. Will the PhAS payments come from the total community pharmacy funding envelope?

Yes, any funding for the PhAS will continue to come from the total Community Pharmacy Contractual Framework five-year agreement and £2.592 billion flat cash funding envelope.

Q4. Will PhAS take into account the new banded Pharmacy Quality Scheme?

Yes. Those PhAS pharmacies which fall within Bands 2, 3 and 4 will be treated as if they fall within Band 4. However, those in Band 5 of the Pharmacy Quality Scheme will qualify for Band 5 payments.

Q5. Do distance selling pharmacies, pharmacies that hold local pharmaceutical services contracts with NHS England and NHS Improvement, appliance contractors or dispensing doctors qualify for the scheme?

No. The scheme protects physical access to bricks and mortar community pharmacies operating under the Community Pharmacy Contractual Framework only.

Q6. What is the position for those opening after 1st September 2016?

We are rolling over the current scheme until 31st March 2021. Eligibility has been calculated using the pharmaceutical list as at 1st September 2016. Pharmacies that opened after 1st September 2016 are not eligible for PhAS.

Q7. Pharmacies that have the largest dispensing volume (above 109,012 prescription fees per year in 2015/16) are excluded from the scheme. What reporting period was used to assess whether a pharmacy dispensed more or less than this volume? What if a full year of dispensing data was not available?

The period we looked at was the 12 months from 1st April 2015 to 31st March 2016. For pharmacies that opened mid-year, there was less than 12 months' worth of dispensing data; and we used what data there was available instead. So, for example, if a pharmacy opened in October 2015 (open for 6 months in 2015/16) and dispensed 60,000 worth of prescription fees, it will not be ruled out via the volume threshold, even though this is the equivalent of 120,000 prescription fees over the full year. This is because we did not want to disadvantage pharmacies that opened in 2015/16 as we could not be certain that they would go over the threshold (because of different distribution of prescription fees over the year).

However, to ensure that it was consistent with pharmacies that received the PhAS, their payments were capped to 109,012, if they went over the volume threshold. If a pharmacy opened between 1st April and 1st September 2016, we had no data available for the assessment of the total amount of prescription fees in the full year 2015/16. In this circumstance, providing they met all other eligibility criteria, contractors received the payment, if their dispensing volume went above the threshold of 109,012, their payments were capped at 109,012, as stated above.

Q8. How is distance between pharmacies calculated?

Location data, i.e. postcode and first line of address, was taken from the NHS England and NHS Improvement pharmaceutical list as of 1st September 2016, which is published on the BSA website: <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/pharmacy>.

Distance calculations use the Ordnance Survey (OS) Open Road Network. The methodology used is consistent with data used in Department for Transport analysis for calculating journey time statistics <https://www.gov.uk/government/publications/journey-time-statistics-guidance>.

The OS Open Road Network Data provides a consistent and comparable method, with as little geographical variation as possible – to ensure a fair application of the distance calculations across the country.

Q9. When I look at the distance on Google Maps, it is different to the distance calculated by the DHSC. Why?

There are a number of differences between Google Maps data and OS Open Road Network data. Google Maps does not use the OS Open Road Network and therefore direct comparison cannot be made.

Google Maps data is dynamic; the information is updated constantly by new data where available. Thus, the quality of Google Maps data will vary based on how good satellite, aerial, and street imagery is for a particular location. Because of this process, there is a higher degree of variation across the country; and this is why the OS is more appropriate for the PhAS, to ensure a fair and consistent approach nationally, as it will minimise regional inconsistencies.

It is possible that the reason that contractors are finding different results on Google Maps is that the postcode address information that we used to calculate distances was incorrect. We

have taken careful steps to verify this data, and carried out a data matching exercise to align pharmacy location data across four sources: BSA payments data, NHS England and NHS Improvement local team list, PSNC's Pharmacy List, and the Royal Mail Postcode Address database. This exercise verified the large majority of the data we held, and for pharmacies where we could not cross match location data across all four sources, we then verified the data with NHS England and NHS Improvement local teams, in some cases contacting the pharmacies directly. If you have not relied on a mapping service and have driven the route instead, please bear in mind that a car odometer can have a high margin of error as distances are typically measured in tenths of a mile, and also bear in mind that footpaths may offer a shorter route between your pharmacy and the next nearest.

If there were errors in the data, despite this careful checking process, then contractors had an opportunity to raise these via the review process.

Q10. What is taken into account when calculating distances?

Footpaths are taken into account where they are present on the (OS) Open Road Network Data. This includes roadside pavements and excludes footpaths and private roads on estates. In many cases people may be able to walk to pharmacies faster than indicated in the data using private estate roads, but these are of variable quality and may be subject to access restrictions and may not be passable at all times, so only public roads have been included. This is the most consistent and comparable way to measure distance across the country.

Q11. What is the position for pharmacies that have a change in ownership during the life of the scheme?

Pharmacies will continue to receive PhAS payments following a change of ownership. The new contractor will receive payments equivalent to what the previous contractor was due to receive. The new contractor may find it helpful to flag to NHS BSA that a change of ownership is taking place, so that the payments can be smoothly transferred without delay.

Q12. What is the deadline for requesting a review for eligibility to receive PhAS funding?

The DHSC guidance stated 'Applications for reviews will need to be made within three months of the start of the scheme (1st December 2016).' Therefore, requests for a review received after midnight on 28th February 2017 will not be considered. Applications for review for eligibility for PhAS will not be re-opening in 2020/21 as no substantive changes have been made to the criteria governing participation in PhAS. The only exception to this remains applications for review that relate to a physical feature anomaly that would increase the distance to the nearest pharmacy and that has arisen after 28th February 2017 and where the review has been requested within three months of the physical feature anomaly occurring.

Q13. My pharmacy was an 'LPS Pharmacy', on a Local Pharmaceutical Services Contract, but is now moving back onto the Pharmaceutical list. Will I qualify for the PhAS?

It remains the case that pharmacies that meet the eligibility criteria of being located a mile or more from another pharmacy, and not dispensing more than 109,012 items will be treated as if they had been on the pharmaceutical list as at 1st September and so will be eligible for the PhAS once they return to the pharmaceutical list.

Q14. My pharmacy was an 'LPS Pharmacy', on a Local Pharmaceutical Services Contract, but is now moving back onto the Pharmaceutical list, and it seems that I do not qualify for the PhAS. Can I apply for a review?

In these circumstances, contractors are advised to e-mail the PHAS inbox (england.phasreviews@nhs.net) for advice.