2024 Annual Conference of England LMCs - Leeds LMC Motions

That conference is appalled that electronic prescribing to community pharmacies is still not an available function for secondary care trusts and demands that NHS England:

- *i) funds an urgent solution and rapid roll out to all hospital trusts within England.*
- *ii) mandates that all hospital trusts within England have the ability to create electronic prescriptions from within their own clinical record systems.*
- *iii) mandates that secondary care clinicians are responsible for issuing all necessary acute and first-time prescriptions as part of their own patient management plans.*

That conference accepts the need for cost-effective prescribing policies and demands that:

- *i) NHS England launches a national campaign to promote the expectation for patients to purchase medication available over the counter at pharmacies without seeking a prescription from the GP.*
- *ii) the government establishes an effective method to identify and support low-income individuals and families who cannot afford to pay for over the counter medication.*
- *iii) the government introduces a maximum profit-margin cap for pharmaceutical companies that would prevent over-the-counter medicines being unnecessarily expensive.*
- *iv) NHS England acknowledges the additional workload for practices to adhere to system financial saving and/or rationing strategies in relation to prescribing and that national funding is provided for such work.*

That conference is appalled that the NHS Standard Contract remains inadequate and does not go far enough to prevent General Practice from being drowned by unfunded and unsafe work-load shift, and demands that:

- *i) specialist and community services are made clearly responsible for issuing all acute and first-time prescriptions irrespective of whether they are of "immediate" clinical need.*
- *ii) local provider collaboratives are required to establish pathways to enable all onward referrals, even when the required service is provided by a different provider trust.*
- *iii) financial consequences can be applied by ICBs to provider trusts who do not adhere to NHS Standard Contract requirements in relation to effective interface arrangements or locally agreed action plans.*
- *iv) NHS England include oversight metrics to hold ICBs to account over primary-secondary care interface improvements as part of their annual assessments.*