

**NEW PHARMACY CONTRACT 04**

1. **CORE SERVICES** – AGREE WITH AMS/CMS/MAS/PPHS ie 4 NAMED SERVICES – SHOULD BE PER CAPITA FOR CMS/MAS BUT VOLUME BASED FOR AMS. PPHS PAYMENT SYSTEM DECIDED WHEN MORE DETAILS ROLLED OUT.
2. **STAFFING** – PERMANENT PHARMACISTS REGISTERED WITH BOARD OF PHARMACY CONCERNED BUT LOCUMS AND RELIEF STAFF SHOULD BE ON NATIONAL REGISTER.SUPPORT-STAFF TRAINING UNDER NATIONAL(SCOTTISH) TRAINING SCHEME AND NHS FUNDED. AS GOODWILL ERODED HOW WILL PENSIONS BE FUNDED OR AS NOW ALL ON NHS LIST WILL IT BE FUNDED LIKE DOCTORS AND DENTISTS. WHAT WILL BE FUTURE RESPONSIBILITIES OF SUPERINTENDENT PHARMACIST.
3. **CONTRACTS** – SHOULD NOT GO TO INDIVIDUALS AS IF THEY MOVE CONTRACT FOLLOWS THEM AND IN CASE OF SMALL MULTIPLES WOULD UNDERMINE THEIR INVESTMENT.ONCE FULL ACCREDITATION AT LEAST INITIALLY ONLY FOR 10 YEARS. HOLDING CONTRACTS CAUSE DIFFICULTY WHEN DECIDED AND BY WHOM. HOLDING CONTRACT WILL AFFECT VALUE OF BUSINESS. WHO AWARDS FULL CONTRACT TO THEM AND HOW ARE THEY PRIORITISED. WHY DO WE NOT ADOPT CONTINENTAL SYSTEM BASED ON POPULATION eg 3500 PER PHARMACY WITH 2500 FOR LARGE CITY CENTRES.IF BOARD ITSELF AWARDS CONTRACTS IS IT NOT TOO HEAVILY WEIGHTED WITH LAY PERSONS. PHARMACY ADVISORY COMMITTEE TO BOARD SHOULD BE VERY INVOLVED (IT SHOULD BE CROSS SECTION OF PHARMACY). BOARD WILL HEAR APPEALS – AGAIN EXPERIENCE NEEDED ON BOARD SIDE & APPEALS SHOULD BE AS AT PRESENT TO NATIONAL PANEL. DETERMINATION OF ADEQUACY AND LEVEL OF CARE HOW WILL THIS BE EVALUATED IN BOARD PHARMACY PLAN AND BY WHOM. WHY IS SHORT FORMAL CONTRACT IN WRITING NOT BEING AVAILABLE.DIRECT SUPERVISION AND OOH WILL THIS INVOLVE CCTV AND LINKD ELECTRONICALLY TO RESPONSIBLE PHARMACIST.

4. **PREMISES** – WILL STANDARDS BE SET NATIONALLY AND WHO WILL BE INVOLVED. WILL RPSiS BE INVOLVED AND ALSO IN PROFESSIONAL STANDARDS AS REQUIRED BY BOARDS OR THEIR OWN CHIEF PHARMACIST.
5. **ADDITIONAL SERVICES** – WILL THEY BE WIDELY AVAILABLE OR RESTRICTED TO CENTRAL SPECIALIST UNITS AND HOW WILL THIS CONTRACT BE AWARDED. METHADONE, NEEDLE EXCHANGE, WASTE DISPOSAL, O2, ADVICE TO HOMES – WILL THIS BE THROWN OPEN TO NON PHARMACIST AND NATIONAL CO NTRACTS.
6. **DISPENSING DOCTORS** – TO OBTAIN FULL PHARMACEUTICAL SERVICES CAN EACH SUCH SURGERY NOT BE SATELITE OF ESTABLISHED LOCAL PHARMACIES AND STAFFED BY TECHNICIANS OF HIGHER GRADES.