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19th May 2004

Susie Braham
Scottish Executive Health Department
St Andrew's House
1ER
Regent Road
Edinburgh
EH1 3DG

Dear Ms Braham

Modernising NHS Community Pharmacy in Scotland - Consultation

Thank you for the opportunity to comment on the consultation document "Modernising NHS Community Pharmacy in Scotland". The pharmacists within NHS 24 would make the following comments:-

Section 1 : Legislative Background and General Overview

We are supportive of the view that legislation should be brought to enable the implementation of a new community pharmacy contract.

Section 2 : Introduction of New Community Pharmacy Contract

"Are there any specific or additional powers that we need to consider in order to modernise pharmaceutical care services and further improve patient care?"

The powers described within the document, in our assessment, would allow the adoption of the new pharmacy contract as proposed.

This will require all Health Boards to consistently apply the legislation to ensure that no inequity of pharmaceutical care provision would exist across Scotland. This would be a particular requirement for NHS 24 to allow consistent referral to community pharmacy for core services.

We would agree with the general principle that there is a need to include community pharmacy in the drive to improve the health of the Scottish population and this legislation would facilitate this.

We would have a concern that any additional services that are agreed on a national basis, with national standards applied are still to be negotiated locally. This may give rise to inequity of service or service withdrawal.

We support the view that legislation is required to ensure that the terms and conditions of service will be delivered. The level of monitoring which will be required by Boards to ensure compliance could become onerous. Similarly a consistent approach across Scotland when dealing with a breach of contract situation would have to be applied.

Section 3 : Planning and Provision of Pharmaceutical Care Services

"Do these proposals offer a comprehensive way of ensuring patients have convenient access to a range of pharmaceutical care services that takes account of their care and access needs"

The proposals allow for the development of a rational distribution of pharmacies based on patient need and we would add the following comments:-

We recommend that there needs to be a "right of appeal" when due process has not been followed by a Board when they prepare their Pharmaceutical Care Services Plan. This is not intended to allow a challenge to the outcome decisions, it is to allow for a new plan to be considered in light of potential key elements not considered, which may impact on the outcomes, during the planning phase. This would have to have clear stages to the process with appropriate timescales.

We also recommend that there may be a need for the awarding of partial contracts to allow specialist services to be delivered eg. Methadone only & out of hours provision. This final point is of particular relevance to NHS 24 as access to pharmaceutical care service and advice is currently limited.

We recommend that a needs assessment tool be developed nationally to ensure consistency in the plans drawn up by each Board for their pharmaceutical care services. This would include who would be awarded an identified from the pharmaceutical care services plan i.e. would they be allocated on a first come first served basis or not?

The issue of holding contracts would have to be further explored to clarify the period of time this would be in place for and the implications if no movement was forthcoming.

Paragraph 3.12 mentions "a consortium basis". If legislation is introduced to allow this, it would need to ensure it is not at odds with any Competition Law.

The current Essential Small Pharmacy Scheme should be reviewed in light of the legislation to encourage pharmacies to locate within areas of deprivation and low population density areas.

Currently each Board area has developed a "Terms of Service" which defines core opening hours for pharmacies. This process would need to be reviewed to ensure that public access to pharmaceutical services remain in line with

that identified in the Board plan when contractors apply to amend their opening hours.

Section 4 : Pharmaceutical Lists

"Are there any further actions that would serve to improve clinical governance in the community pharmacy sector and provide patients with an additional quality assurance"

We support the plan to extend the current listing arrangements to pharmaceutical non principals and would make the following comments

- The level of administrative support and costs which will be required to ensure that the lists are robust and accurate could be restrictive.
- Clear lines of responsibility for ensuring that the lists are accurate need to be developed i.e. when pharmacists relocate to another part of the country how will they be removed from previous Board list if no longer applicable.
- The level of access to these lists needs to be clarified
- The need for a fast-track system for emergency locum cover.

We would recommend that consideration is given to developing a national database in conjunction with the RPSGB to ensure that Board lists are cross referenced to the RPSGB Register ie. the RSPGB Registration number if inputted into the Board database sources the personal details of the pharmacist from the centrally held information.

When considering reporting of adverse incidents mentioned in Section 2 the legislation could be extended to include the reporting of errors & near misses by pharmacists which have originated from other healthcare professionals.

Section 5 : Persons Authorised to Provide Pharmaceutical Services

"Will the action proposed enable community pharmacists to direct more time to direct patient care"

We would agree that this legislation would facilitate pharmacists allocating more time to direct patient care, accepting that other developments are necessary to support this.

Currently a pharmacy cannot open, at any time, if it is not under the "personal control" of a pharmacist. This differs in definition from "direct supervision". The legislation may benefit from reviewing this situation and amending it appropriately.

Section 6 : Cross Boundary and Distant Provision of Pharmaceutical Services

"Do you agree that it is desirable to have powers that will encourage and allow innovative ways of providing pharmaceutical services in the future"

The NHS 24 pharmacists support the view that innovative ways of providing services should be developed and enabled. We realise that this would have to be built on a foundation of a robust information technology network to allow full patient benefit to be realised from the new contract. Any legislation introduced should not destabilise patient access to local face to face pharmaceutical care in the community setting.

Section 7 : Funding of Pharmaceutical Services

"Are there any other options for assisting Boards to financially manage the planning and delivery of pharmaceutical care service requirements as proposed at section 3"

The NHS 24 pharmacists support that contract issuers fully remunerate contractors on the basis of nationally agreed levels. The situation of where an overspend develops would have to be clarified in relation to contractor payments i.e. contractors should not be disadvantaged by this.

Section 8 : Partial Regulatory Impact Assessment

We would make the comment that Option is the only viable option. A concern exists that this change can be achieved on a cost neutral basis.

Yours sincerely,

Harry McQuillan
Ann Auld
Geraldine Smith

NHS 24 Pharmacists