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Peter Jones Associates

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Dear Susie

**Re: Consultation Paper
Modernising NHS Community Pharmacy in Scotland**

I refer to the above consultation paper and am grateful for the opportunity to submit comments. May I congratulate you and your colleagues on what is a very accessible document, Section One in particular is a very useful and succinct summary of the legislative background to the current provision of pharmaceutical services.

I am especially delighted that the proposed new contract will enable many of the recommendations within "The Right Medicine" to be realised and supported. During the many years I was at Lothian Health Board, the last five years of which were as Acting CAO it was clearly evident that pharmacy would only be able to make real progress if the basic method of payment was, "professional fees for accredited professional services", rather than essentially payment on the basis of the number of items dispensed.

SECTION 2: Introduction of New Community Pharmacy Contract

Comment :-

Ref para 2.10

I fully support the development in Scotland of a facility for collation of data on adverse events and "near misses". I would, however, be concerned if the sole route for reporting would be to Scottish Ministers. I think this is a matter that needs to be dealt with by the professions, with a multi-professional dimension, so that pharmacists are encouraged to report relevant information with a view to improving practice. I would therefore warmly recommend a "specified third party", possibly along the lines of the National Patients Safety Agency in England, but a body that would enable a more rapid feedback of information.

With the introduction of the new contract, a relaxation of some of the existing regulations would also be helpful, in particular the removal of the limit of five registered Care Homes for which pharmacists can receive payment for the provision of pharmaceutical services.

At a recent conference in Glasgow, held under the auspices of the University of Strathclyde, and of which I was a co-organiser, there was a very strong message from the 110 delegates that they need a greater level

of pharmaceutical input, in particular a more clinically based service. The present restriction on number of homes and the level of payment is a significant limiting factor to providing better pharmaceutical care for this group of vulnerable patients

SECTION 3: Planning and Provision of Pharmaceutical Care Services

Comment:-

The proposals to revise the arrangements for the development of new community pharmacy services are to be welcomed. Experience on Pharmacy Practice Committees and the National Appeal Panel – where it is necessary to apply the test of “necessary and desirable” - frequently limits the granting of licences to pharmacists that would provide enhanced and innovative services.

Reference is made to the problem of overprovision, but it would be helpful for the new contract to provide a means to facilitate rationalisation. It seems evident that there are probably have enough pharmacists but too many pharmacies, and a means of providing incentives for amalgamation of pharmacies would be helpful. In the same way that individual GPs were encouraged to go into health centres as part of a larger group, there would be merit in a similar facility for pharmacists, notwithstanding the potential problems with the larger commercially based organisations. Ideally a pharmacy with three pharmacists, with expertise in child health, geriatrics and mental health, would enable the majority of patient's clinical enquiries to be dealt with, at the same time allowing adequate supervision and the availability of staff to visit Care Homes and GP surgeries, combining some of the duties of community pharmacists and primary care pharmacists. From the patient's point of view it would be preferable that the pharmacist they saw undertaking their medication review in the GP was the same pharmacist they saw when receiving their medicines from their local pharmacy. It would also overcome the problem of patients having a prescription dispensed in an “NHS contract pharmacy”, but going to an adjacent “non-contract pharmacy” because it is perceived that the pharmacist in the latter has more time to talk to patients because they are not involved in a dispensing process.

In developing the planning process it would be helpful for the Specialists in Pharmaceutical Public Health to play a greater role than at present. In particular they should contribute to assessing the levels of need of pharmaceutical care within their Health Board areas. It would also be helpful if as part of the planning process they were able, in conjunction with others to identify the boundaries of localities for pharmaceutical service provision, often a contentious issue in the present process of granting licences for entry to the Health Board's Pharmaceutical List.

This section offers Board's the potential to provide new and innovative services, and to provide them where they are needed. There needs to be suitable provision to enable such changes to be facilitated and supported.

However, I note that there is no appeals procedure currently proposed. I think it is essential that such a facility be included and would support the formal inclusion of a National Appeals Panel, along the lines of the facility currently provided.

SECTION 4: Pharmaceutical Lists

Comment:-

The proposals are to be welcomed, but in view of the large number of pharmacists who work as locums, and the fact that many may work in several health board areas, it is essential that arrangements are established to take account of the current situation – an “all Scotland” list may be necessary.

Whilst I can appreciate that there may be merit in having, for example, the clinical component of the contract placed with the named pharmacist providing the service, I can foresee difficulties, and possible

confusion, with the public knowing which pharmacy/pharmacist provides specific services. Might there need to be some means of indicating to the public which pharmacies provide “basic “ services and which ones provide “enhanced” services? – an AA type system of stars? I think this is a real problem and one that requires careful consideration.

SECTION 5: Persons Authorised to Provide Pharmaceutical Services

Comment:-

I fully support the recommendations within this section. This will be seen as a major culture change by some Pharmacists and will need to be supported by adequate and supported training for both Pharmacists and their supporting staff

SECTION 6: Cross Boundary and Distant Provision of Pharmaceutical Services

Comment:-

There is no doubt that with developments in technology will lead to new and innovative ways of providing pharmaceutical services in the future and it is right and proper that any new legislation and regulations are drafted to take account of anticipated developments. My response to both questions in this section is “yes”.

The main problems will be how these developments are perceived by Pharmacists and how it will be possible to change the level of expectation of the public as to the nature and range of pharmaceutical services available to them.

SECTION 7: Funding of Pharmaceutical Services

Comment:-

The proposed new contract offers exciting opportunities for Community Pharmacists to develop the nature and range of pharmaceutical services available to the public. It is essential that adequate funding is made available, both through the “global sum”, and through ring fenced monies through the Health Boards. It has been observed by many that the generous support of General Medical Practitioners has enabled significant changes to take place in the provision of General Medical Services in Primary Care. There is no doubt that removal of current restrictions imposed by the present contract through the provision of a new contract, supported by adequate funding would lead to very significant developments in pharmaceutical care provision by Community Pharmacists.

SECTION 8: Partial Regulatory Impact Assessment

Comment:-

It is my firm opinion that Option 3 – amend the current primary and secondary legislation to allow full implementation of the policy proposals is essential, and the only way forward.

Current Regulations have probably been “interpreted” as flexibly as possible, but there is no doubt that the full potential of Community Pharmacists contributing to the improved healthcare of the population of Scotland will only realised with a new contract.

CONCLUDING COMMENTS

I very much welcome the modernisation of NHS Community Pharmacy in Scotland. "The Right Medicine" has provided a good framework for the development of pharmaceutical care in Scotland – a new contract will enable many of its recommendations to be brought into effect.

Yours sincerely



Peter Jones
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Also:-

Currently
Professional Secretary, Lothian Area Pharmaceutical Committee
Secretary, Edinburgh & Lothians Branch, Royal Pharmaceutical Society of Great Britain

Previously

Acting Chief Administrative Pharmaceutical Officer, Lothian Health Board (1993-1998).

Please note that the comments contained above are submitted purely in a personal capacity