

THE LOCAL PHARMACY

CLERMISTON

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The level of funding should be an incentive to pharmacists and not be less than that currently offered.

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The legislation to allow this should identify who would be responsible for preparing and applying the PCSP. This legislation should define the standards required for premises, quality of service, staff qualifications, and clinical practice.

Standard operating procedures, quality assurance activities, clinical governance need to adhere to national or local standards.

The legislation should address the fact that pharmacists and support staff need access to clinical patient data with the cross transfer of information via the NHS net.

Patient registration with a community pharmacy would be desirable.

Innovative and forward thinking pharmacists should not be limited by core services and be able to secure local funding for other services such as Flu immunisation clinics.

Section 3

We support the view that pharmaceutical services should be implemented in a planned way and reflect the needs of all populations, and allow a rational distribution of community pharmacies. It should allow adequate funding to employ more pharmacists in a pharmacy to offer a wide range of skills and services.

The priority should be to address areas of under provision, allowing pharmacists stuck with contracts to relocate to areas of need, thus not increasing the number of pharmacies in a board area but rationalising their distribution.

At present there is a good network of community pharmacies and any move to issue holding contracts will cause instability and uncertainty amongst contractors. There should be a national funding agreement for contractors.

As boards take over the power to allocate contracts there must be strict criteria in place to allow a fair and transparent decision process.

An appeals procedure must be in place.

Section 4

We agree that a pharmaceutical list is desirable

In theory all pharmacists in the Health Board area should be on the list to allow cross transfer of skills.

There would need to be criteria set down for a pharmacist to apply to a list e.g. CPD

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The registration process must be rapid to allow for emergency situations.
Who will be responsible for keeping the list up to date?

Section 5

The action proposed will allow pharmacists to devote more time to patient care but we must recognise the manpower shortage not only in the pharmacy profession but pharmacy technicians also.

The pharmacy must have SOPs in place and also recognise the importance of other support staff.

Inevitably it must be recognised that these additional skills will have an impact on the salary costs of a community pharmacy.

Section 6

We agree that it is desirable to allow innovative ways of providing pharmaceutical services, but these must be to the patients benefit and not a cheap alternative to pharmaceutical dispensing and patient care.

Risk assessment must be taken into consideration and an audit trail for delivery if necessary.

Patients already have a convenient option – a community pharmacy in their locality.

Section 7

We welcome the flexibility for funding but do not wish to see the budgets swallowed by bureaucracy before reaching the pharmacy.

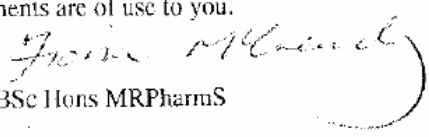
We welcome the ability of the board to pay additional sums for more enhanced services which will encourage and reward innovative pharmacists.

This remuneration should be consistent across health boards.

Section 8

Option 3 seems the best way forward.

I hope these comments are of use to you.


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