



# Forth Valley Local Health Council

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

LHC/TE/IW

24 May 2004

Dear Ms Braham

I enclose comments made on the consultation paper *Modernising NHS Community Pharmacy in Scotland*. These have been made on behalf of Forth Valley Local Health Council by one of our members. The Health Council has no objections to these being made available on the website or in the library.

Yours sincerely

Mrs Irene Walker

*on behalf of*  
Mrs Elizabeth Taylor  
Chief officer

## **MODERNISING COMMUNITY PHARMACY IN SCOTLAND**

### **CONSULTATION DOCUMENT**

- P1 Powers for NHS Boards to secure provision outwith their area  
Budgetary implications (recent case of care homes FV prescribing budget had English costs built in)

#### Section 1

- P4 Additional Pharmaceutical Services  
Specialist Oncology Pharmacists in community as in FV

#### Section 2

- P8 Enhanced role of pharmacist commended especially with pressures on GP time

- P10 Done in many cases already

#### Section 3

- Covers some of work of Liz McGovern's group (ask Liz Taylor)  
All section covers interests of patients especially those in inner city or outlying areas

#### Section 4

- Again much is good practice already

#### Section 5

- 5.2 Commendable shift in use of pharmacist time  
5.3 Safety essential

#### Section 6

- Contentious but from Board rather than patient perspective

#### Section 7

- Contentious from pharmacist point of view where much work has been done based on local pharmacy needs profile

#### P22

- 8.7 Findings must determine shape of option to be favoured but option 3 is ambitious and could if not supported be to the detriment of patients

- P23 Changes in remuneration likely to cause problems with pharmacists and Boards

#### P24

- 8.26 Proposals cash neutral - can it be accomplished?  
Implementation costs only tip of iceberg

(FV seems well organised but would welcome comments from Liz Taylor to supplement these)

### **Specific answers to questions**

#### **Section 2**

Special needs of cancer patients (p7 additional services should be core) 2.7 p8

Issues like statins?

Public Health Services - morning after pill?

(p9) Support for pharmacists undertaking audit and additional tasks

#### **Section 3**

Any disruption caused by such a change will impact on patients short term but should ultimately benefit them by consistency of standards and service delivery. Possible encouragement and extension of existing good practice.

#### **Section 4**

As with 3 comes within QIS Healthcare Governance Standards ensuring patients have greater consistency and safety.

Patients may not understand new arrangements and could experience a perceived erosion of service

#### **Section 5**

It should but 5.4 suggests it may not

#### **Section 6**

Yes as delivery of clinical services change current changes proposed should be reviewed regularly to fit in with above

#### **Section 7**

Take more pharmacists aboard to advise at Board level

**M Biggs**