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Susie Braham  
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Dear Ms Braham

#### **GLASGOW CITY COUNCIL'S COMMENTS ON MODERNISING COMMUNITY PHARMACY IN SCOTLAND**

Outlined below are Glasgow City Council's comments on the above consultation document as approved by the Council's Policy & Resources (Community Safety & Health) Sub-Committee of 10<sup>th</sup> May 2004.

#### **1. General Comment**

In terms of their general aim to improve patient care and better utilise the skills of community pharmacists and their support staff to meet local needs the Council welcomes the proposals in the document. The Council in particular views the role of Pharmacy provision in local communities as an important element in ensuring a range of access to health care and advice. This in turn will strengthen the role and contribution of Pharmacy Services within broader social inclusion.

- The Council would generally support measures intended to extend the role of community pharmacies in providing public health services, provided that such services were subject to appropriate standards of clinical governance. In particular the Council would support any measure to extend community pharmacy's role in health promotion activities relating to drug, alcohol and tobacco use, provision of nutritional advice and health screening activities. The potential role of community pharmacy services in relation to screening and advising on child and adult health is particularly important.
- The Council welcomes the proposed new duty on Health Boards to provide or secure the provision of pharmaceutical care services that they consider necessary to meet all reasonable needs of persons in the Board's area. The related requirement on Boards to publish and keep under review Pharmaceutical Care Service Plans and proposals set out that will assist Boards in dealing with over and underprovision in localities are also welcome, in so far as these will assist in ensuring that pharmacy services are readily accessible to all local communities.

- The Council generally supports proposed measures to allow more flexible and convenient access to pharmacy services but is concerned that such measures should not compromise security or personal and community safety in terms of the dispensing of drugs, particularly controlled drugs.
- The Council notes the proposal to allocate the centrally held 'global sum' (currently drawn down on monthly by Boards to reimburse pharmacists for the cost of NHS drugs/ appliances) on a needs based formula to each Board. This is in order to provide Boards with financial flexibility in delivering and managing Pharmaceutical Care Service Plans. From a Glasgow perspective the concern would be that any such formula would fully reflect the level of need in the city in terms of the well documented health inequalities associated with deprivation and factors such as the high levels of people with limiting long term illnesses, drug and alcohol misuse.
- In respect of all of the above measures the Council would be concerned that they lead to greater accessibility of pharmacy services to the public of Glasgow. Extending local access to pharmacy services on a 7 day per week basis and clear access to 24 hour a day services across the city should be a priority (particularly, though not exclusively, in respect of areas where the above noted health inequalities are concentrated and where people are less likely to have access to their own personal transport).

## **2. Specific Comment**

### **2.1 Introduction of New Community Pharmacy Contract**

Regarding "New Contract" core services at 2.7 in the document as stated above the Council would suggest that "public health services" should include health promotion activities relating to drug, alcohol and tobacco use, provision of nutritional advice and health screening activities. Proposals regarding legislation to ensure the quality of services provided, standards of clinical practice, the training and qualifications of staff, the standard of premises and other matters related to the infrastructure of pharmaceutical services are welcome as is the proposed direction to Boards to ensure compliance.

### **2.2 Planning & Provision of Pharmaceutical Care Services**

As stated above the Council welcomes the proposed new duty on Heath Boards to provide or secure the provision of pharmaceutical care services that they consider necessary to meet all reasonable needs of persons in the Board's area and the proposed requirement to publish and keep under review Pharmaceutical Care Service (PCS) Plans. In particular it would support the replacement of the current 'necessary and desirable' test regarding entry to Board pharmaceutical lists with a more objective assessment based on the agreed area PCS Plan as outlined at 3.7. Regarding categories of underprovision set out at 3.10, in a Glasgow context "absence of one or more locally required services" would include needle exchange provision as well as methadone or out of hour's services. The Council would wish this new duty and planning responsibility to lead to the extension of local access to pharmacy services on a 7 day per week basis and clear access to 24 hour a day services across the city in a way that gives consideration to areas of the city where health inequalities are concentrated.

### **2.3 Pharmaceutical Lists**

No comment on section 4 other than to welcome any steps to improve clinical governance and provide additional quality assurance.

### **2.4 Persons Authorised to Provide Pharmaceutical Services**

The Council is unable to comment on whether the proposal section 5 to change the description of supervision of dispensing in legislation will allow pharmacists to devote more time to direct patient care. However, while the Council would in general support greater involvement of pharmacists in direct patient care it would wish to note that any steps taken to do so should not compromise security or personal and community safety in terms of the dispensing of drugs, particularly controlled drugs.

## **2.5 Cross Boundary and Distant Provision of Pharmaceutical**

In general the Council would support measures to allow more flexible and convenient access to pharmacy services as described in section 6. However as above it would be concerned that such arrangements did not compromise security or personal and community safety in terms of the dispensing of drugs, particularly controlled drugs. It would therefore support regulatory powers in this respect as described at 6.13.

## **2.6 Funding of Pharmaceutical Services**

The Council notes the proposal that Scottish Ministers are given the powers to determine those elements of the 'global sum' (currently drawn down on monthly by Boards to reimburse pharmacists for the cost of NHS drugs/ appliances) that are to be allocated to Boards as part of their individual Unified Budgets (current source of funding for fees and allowances payable for dispensing and other services). It further notes the intention that all elements of the "global sum" are allocated to Boards on a needs led formula. While the Council would in general support the local management of pharmacy funding in the context of PCS Plans and a needs led national distribution formula it would wish the Executive note the level of need in Glasgow in relation to the well documented health inequalities associated with deprivation and factors such as the high levels of people with limiting long term illnesses, drug and alcohol misuse in the city.

I hope you find the above comments helpful.

Yours sincerely

**David J Comley**  
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