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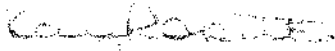
21 March 2004

Dear Susie Braham

**MODERNISING NHS COMMUNITY PHARAMCY IN SCOTLAND: Consultation  
paper**

Please find attached my comments on the above consultation paper.

Yours sincerely



Mrs D K Roberts

# Modernising NHS Community Pharmacy in Scotland: Response to Consultation Paper Kay Roberts FRPharmS

Please find below my comments on the consultation paper Modernising NHS Community Pharmacy in Scotland. I am content that my response is made available to the public.

## Section 2: Introduction of new Community Pharmaceutical Contract

Para 2.8: I fully support any legislative changes that will enhance the quality of service 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.

I am concerned that para 2.9 (first bullet point) appears to suggest that patients will be referred to a community pharmacy by a GP. Would this not result in **direction** of the patient by his or her GP to a specific pharmacy? This proposal could lead to controversy between pharmacists and GPs as direction to a pharmacy could also be construed as direction away from another.

Para 2.9 last bullet point: Weights and Measures legislation and standards need to be included here.

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

It would be helpful if there were powers to prevent minority groups opposing the provision of essential services that a public health assessment of the area has shown to be necessary e.g. Needle exchange or supply and supervised administration of substitute medication for the treatment of substance misuse.

## Section 3: Planning & Provision of Pharmaceutical Care Services

Para 3.7 states that the current test for control is necessary and desirable whereas elsewhere (and in the current legislation) it is stated that the test is necessary or desirable..

As noted above, it would be beneficial if a public health assessment of the area were to be undertaken when formulating and agreeing on the PCS Plan for an area.

Para 3.10 last bullet point, requires the addition of Needle Exchange

Para 3.16 The proposal that all PCSP contracts will be subject to periodic review by the board against the PCS plan will have to be handled with great care. Such a proposal could lead to lack of stability for the pharmacy business that would make it unprofitable for individuals and companies.

Concluding:

- o Do these proposals offer a comprehensive way of ensuring patients have convenient access to a range of pharmaceutical care services that take account of their care and access needs?

It could do provided that the plans are based on pharmaceutical care and public health needs assessments and that any proposed new services are not blocked by vested interests.

Consideration will need to be given to the time it takes for an individual proprietor or company to recoup start-up costs when setting up a new business. The proposed periodic reviews must allow for some assurance over the length of time that a contract will be in force.

#### **Section 4: Pharmaceutical Lists**

The proposals in this chapter in relation to locums having to register with a specific Board could prove unworkable and could further exacerbate the current shortage of locums. It could also be regarded as a restriction on trade of self-employed persons whose sole "business" is undertaking such roles.

There are pharmacy locums who undertake locum duties in both hospital and community practice. How are you going to justify different arrangements for both areas of practice?

Locums may live in one area and work in several. Is there going to be a central register that will allow the locums to work in selected areas or across Scotland/

Any list as described must have the potential to be used positively and not negatively. Currently a registered pharmacist can work as a locum anywhere within Great Britain. The proposal would be a place a restriction on this flexibility, which currently works to the benefit of both locums and pharmacies. Has the proposal been checked against European free movement legislation?

#### **Question:**

**Are there any further actions that would service to improve clinical governance in the community pharmacy sector and provide patients with an additional quality assurance (e.g. having a clinical component of the contract placed with the named pharmacists providing the service)?**

I think that this section needs to be rethought, especially in terms of the proposals impact on the availability of locum cover. Any locum intending to work in Scotland would be subject to restrictions not applicable in England or Wales. Consideration needs to be given to linking quality to the RPSGB's CPD requirements for all pharmacists

#### **Section 5: Persons Authorised to provide Pharmaceutical Services**

#### **Question**

- Will the action proposed enable community pharmacists to devote more time to direct patient care?

It could do provided that Standard Operating procedures are in place and are adhered to. Certainly such systems work well in hospital pharmacy practice. However, one difference is that there is a career structure within the hospital service for pharmacy technicians with a commensurate salary structure. Attitudes of community pharmacy employers to the value of technical staff would need to change radically.

## **Section 6: Cross boundary and distance provision of pharmaceutical services**

i had great difficulty understanding this section. It appears to reduce rather than increase patients' access to dispensing services. Currently any UK health prescription can be dispensed in any contracted pharmacy anywhere within the UK. The proposals in this chapter seem to reverse this flexibility.

The proposals appear to constrict rather than enhance this flexibility. For instance what happens when the patient's nearest pharmacy is across the border in a neighbouring board area. At present there is no restriction on the patient taking the prescription to a pharmacy of **their** choice. These proposals would reduce that choice.

Any proposal re controlled drugs and palliative care should await the outcome of the Shipman Inquiry, which should be available in July 2004.

### **Question:**

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

Yes, however, the above proposals do not achieve this. They have the potential to reduce rather than increase patient access to pharmaceutical services

- **Do the proposals offer sufficient flexibility for patient choice, convenience and safety or should they go further?**

They reduce rather than increase flexibility of patient choice. They need to be re-thought.

## **Section 7: Funding of pharmaceutical services**

The statement at para 7.6 has recently been questioned by the author of the review (Arbuthnott) himself!

**Question: Are there any options for assisting Boards to financially manage the planning and delivery of pharmaceutical care service requirements as proposed at Section 3?**

A careful and evinced based review should be undertaken to ensure financial arrangements actually work in practice and that allocations do, in fact, meet local needs. For instance, funding for prevention of Blood Borne Viruses should be based on prevalence of Hep B&C and well as HIV. Carstairs and other public health indicators should be used when determining need for services rather than the whim of local politicians or pharmacy owners.