

[REDACTED]

Anne MacLeod
Scottish Executive
Health Department
St Andrews House
Regent Road
Edinburgh
EH1 3DG

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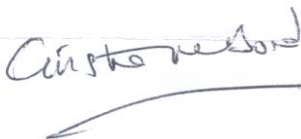
Dear Anne

Re: Modernising NHS Community Pharmacy in Scotland

I have pleasure in responding to the above consultation on modernising community pharmacy in Scotland.

In principle I welcome this document which will provide a framework for developing future community pharmacy services for the benefit of the public. I recognise that the document is mainly about principles and that the examples quoted are not exclusive. I have however made some suggestions and additions to these for the record. I have structured my comments by section, and answering your key questions.

Kind Regards



Professor Christine M Bond
Consultant in Pharmaceutical Public Health

Modernising NHS Community Pharmacy

Section 2

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

In order to move this forward any more I think it would be helpful to define the four core services and clarify how these link to the examples in section 2.7.

I am not sure that legislation per se should detail specific patient groups as this might be restrictive in the future and, as the profession develops, and our public and professional partners accept a greater role, we do not want to be constrained as we are now. We should keep the legislation as flexible as possible, and this is particularly the case for patient groups if we want to maximise our accessibility card. With IT links to a common patient record safeguards can be built in.

Section 3

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

Are there alternative models for fulfilling the policy intention for patients?

We must explore the use of technology to provide novel access and consider how to incentivise contractors to provide a service where there is currently 'under provision'. This is more than likely to be because it is not commercially viable, so other advantages must be clear. Will an enhanced ESP scheme be developed? It could be that specialisms could be used to redesign the traditional format of health care and provide a team work approach to holistic care with other health care professionals. This could provide a viable multidisciplinary service in areas where a representative of every individual profession may not be an option.

Will there be any centralisation of standards for the services (3.14-15), or will these be set locally?

Section 4

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

It would be useful to also:

- have a register of additional training, e.g. smoking cessation, supplementary prescribing*
- ensure better documentation with signed records of interventions / log of pharmacists in charge on a sessional basis.*

Section 5

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

Yes, but may need SOP to be approved locally. This might include minimum standards for dispensing technicians to when responsibility is delegated.

Section 6

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

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

I am not so much convinced that powers are needed but we must have flexibility within the regulations to allow the use of new approaches as they evolve. This might include novel use of IT (telemed), even email advice to patients. This is happening already with over-the-counter sales from on-line pharmacies.

This section is currently quite speculative and needs to be clearer about the principles

Section 7

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

- *Additional services provided by community pharmacists over and above current contract will require 'new money'.*
- *An 'Arbuthnott' type formula may not be appropriate for pharmacy services. The current Health Board allocations are weighted by deprivation and this may not be the basis on which the need for pharmaceutical services should be driven. Grampian will be disadvantaged yet will have a particularly high call on some budgets, for example services to drug misusers. Conversely the less deprived, ergo better educated, may also be the worried well who choose and can afford to buy statins over the counter. This use must be supported professionally and must be integrated with core health care.*

These are just two examples of reasons we would need to define the services and assess the likely need, demand, and uptake before allocating budgets on an other than per capita basis.

**Response from: Prof Christine Bond
Consultant in Pharmaceutical Public Health, [REDACTED]**