

Modernising NHS Community Pharmacy in Scotland

Response to consultation document by NHS Argyll & Clyde

We welcome the opportunity to provide comments on the consultation paper "Modernising NHS Community Pharmacy in Scotland" We are in broad agreement with the proposals and are happy to contribute to this process by submission of the following comments:

Section 2 – Additional Services

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

A national specification should be agreed regarding:

- The definition of 'Pharmaceutical Care'
- The standards of professional practice.
- The requirements and monitoring of staff CPD arrangements.
- The standards of premises required for contractors undertaking core and additional services.
- The reporting arrangements of adverse incidents and near misses.
- Sharing and quality assurance of data shared by healthcare professionals.

The rights to inspect and access community pharmacy held records and clinical governance responsibilities should be included in the terms of service.

In addition to the minor ailment service, patient registration is a prerequisite for the development of chronic medication services and should be included within this development.

The arrangements for patient registration with community pharmacists is dependent on robust IT links.

It is important that national specifications and fees are agreed for the additional services provided by community pharmacists and that these are subject to annual revision. This should not preclude NHS Boards from negotiating enhancements to these additional services.

Section 3 – Planning & Provision of Pharmaceutical Care Services.

A national specification should be agreed regarding the assessment of pharmaceutical care services (PCS) to ensure equity of provision.

The role of CHPs, existing contractors, Local Authorities, members of the public and other interested parties should be defined in the planning of PCSs.

The provision of comprehensive pharmaceutical care in rural areas may pose significant difficulties for NHS Boards. The practical problems with providing pharmaceutical care in remote rural areas should be acknowledged.

Steps should be taken to provide protect the business interests of community pharmacists following the introduction of the new contract.

The introduction of concept of 'holding' contracts may act as a disincentive for present contractors and may be counter-productive.

We are concerned that the granting of a 'holding' contract to a pharmaceutical contractor could significantly reduce the value of a community pharmacy.

Can a 'full' contract, once granted, be changed to a 'holding' contract if circumstances change?

National guidance should be agreed regarding the provision of pharmaceutical care in rural areas where dispensing services are presently provided by dispensing doctors.

Does the definition of core PCSs cover a service that could be provided by dispensing doctors?

The arrangements for granting new contracts should include an appeal procedure.

The new arrangements should include the provision of a scheme to continue the present support to Essential Small Pharmacies.

Applicants for new contracts should have to pay a contribution towards the cost of processing their applications.

It is likely that a robust methodology for assessing the provision of pharmaceutical care will not be available in time for the introduction of these new arrangements. The provision of pharmaceutical care will change significantly from the present situation to that provided under the new contract. It may therefore be impossible to make any judgements regarding over provision of PCS.

A national definition should be agreed for 'core hours'.

At present, the provision of community pharmacists is largely governed by market forces. The introduction of new services will require significant additional funding.

Q. 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?

More detail should be provided regarding the term "convenient access".

These proposals offer the potential to provide greater equity of pharmaceutical care. However there a number of practical issues including, rurality, assessment of pharmaceutical need, man power and costs which need to be resolved.

Section 4 – Pharmaceutical Lists

National guidance should be agreed regarding the arrangements for appliance suppliers.

National guidance should be provided regarding the criteria for inclusion on the pharmaceutical list. This should include details of the powers that NHS Boards have to refuse an application or to remove the name of a pharmacist from the list.

Q Are there any further actions which 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)?

The contract to supply pharmaceutical care should generally be held by the contractor who would be responsible for providing the service to an agreed standard. Contracts with named pharmacists may be required where they are providing “non-core” services only eg providing pharmaceutical care to the patients of a dispensing doctor where the dispensing function is undertaken by the doctor’s staff.

The terms of service should include a requirement to have appropriate insurance cover for anyone who contracts to provide pharmaceutical care services.

Section 5

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

The ability of pharmacists to devote more time to direct patient care will be dependent on the levels and training of support staff. Serious consideration should be given to providing financial support to provide this.

A precise definition of the term ‘supervision’ will be necessary.

Section 6

Q Do you agree that it is desirable to have power 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?

National guidance should be agreed regarding standards of service and monitoring arrangements.

Distance/ Cross Boundary dispensing arrangements should only be made through a local contractor who would provide the other elements of a pharmaceutical care service.

General comments

National guidance should be agreed regarding the provision of pharmaceutical care services in rural areas. Appropriate steps should be taken to provide protection for the business interests of dispensing doctors and care should be taken to ensure that conflict between pharmacists and dispensing doctors is minimised. This is also an opportunity to ensure that general standards for dispensing are met irrespective of the professional status of the provider.

Clarification should be provided regarding the clinical governance arrangements to ensure that they are consistent with those of the Royal Pharmaceutical Society of Great Britain.

Section 7 – Funding of Pharmaceutical services

It is apparent that there will be additional resources required , both time and money, to implement these very important changes and we would urge that this be acknowledged as any additional expenditure which is not specifically funded will add to an already significantly difficult financial position.

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