

**MODERNISING NHS COMMUNITY PHARMACY – CONSULTATION**

**Response from NHS Argyll and Clyde Area Pharmaceutical Committee**

**Section 2 New pharmacy contract**

- There is full support for amendment of legislation to allow improved patient care.
- There is approval for 'service based' remuneration which will encourage the delivery of quality pharmaceutical care.
- Local area needs viewed as vital will only succeed through locally negotiated service refinements with incentives. A tariff is needed to avoid 'postcode' service provision.
- More description / detail on the core services and method of implementation is anticipated.
- Patient registration is viewed as a requirement for the chronic medication service in addition to minor ailments.
- The term 'patient counselling' requires definition as this could affect the type of area needed to do this. Guidance on what defines an appropriate counselling area would be helpful.
- It is assumed that all premises will eventually have a private area but this will be impractical initially for all and a phasing in time for existing contractors is suggested.
- Minimum standards for services are needed. It is proposed that the GGHB / NHS Argyll and Clyde self audit document for community pharmacies is adopted / developed to ensure adherence to standards.
- There is anticipation that dispensing will remain one of the key activities and increase.
- The need for additional funding to ensure successful implementation of the contract should be addressed.

**Section 3 Planning and provision of Pharmaceutical Care Services**

- The holding contract concept causes concern and is viewed as a disincentive to the progress of the new contract.
- Over provision of services cannot be ascertained until the new roles and responsibilities for pharmacists have been fully implemented.
- Under-provision is likely to be an issue in Argyll and Clyde and epharmacy should ultimately help to address this.
- The PCSP should be flexible to allow for innovation.
- Group involvement in planning services requires definition and is perceived as including the CHPs, APCs, patient groups, the public and contractors who will need to be proactive to ensure aspirations are addressed.
- Argyll and Clyde presently relies on the services of dispensing doctors and guidance is needed on this issue.
- Essential small pharmacies will require more financial support.

**Section 4 Pharmaceutical lists**

- There is approval for the aims of this policy.
- Clarity is needed on the details that would be required for these lists and on how they will be maintained.
- The management of emergency provision of services, to ensure continuity of high quality services, needs to be defined. It may be necessary to use locums from elsewhere in the UK.

### **Section 5 Persons authorised to provide pharmaceutical services**

- Although there is approval for this proposal more detail is requested for the definition of 'supervision'.
- The need for more adequately trained support staff should lead to a defined career structure which will require financial support.
- Clarity over the responsibility of the pharmacist (principal) is needed with regard to supervision. Will this be for one pharmacy only?

### **Section 6 Cross boundary / distant provision of pharmaceutical services**

- The need to access provision through existing core service contractors should be emphasised so that other aspects of care e.g. counselling on drug therapy, can be provided.
- Safe secure practice ensuring patient confidentiality is needed and should be monitored.