Primary Care Operating Division

Old Denny Road
LARBERT FK5 4SD

Telephone (01324) 570700
Fax (01324) 563552
www.show.scot.nhs.uk/nhsfv

Susie Braham
Scottish Executive
Health Department
St Andrew's House
1ER
Regent Road
EDINBURGH
EH1 3DG

Date: 28 May 2004
Your Ref:
Our Ref: EAH/FEK
Enquiries to: Florence King
Extension: 4083
Direct Line: 01324 404083
Fax: 01324 563552
Email: florence.king@fvpc.scot.nhs.uk

Dear Miss Braham,

Modernising NHS Community Pharmacy in Scotland - Response to Consultation Paper

We welcome the opportunity to consider this Consultation Paper and a detailed response accompanies this letter.

The proposals contained in the paper herald significant change for community pharmacy. It is essential that the correct legislative changes be put in place to allow modernisation to proceed and patients to benefit from the care which community pharmacies will be able to provide

The proposals provide the opportunity to move towards a more clinically focussed service and will enhance the clinical value of community pharmacists. It is important that the planned modernisation for pharmacy integrates with other modernisation strands such as the General Medical Services Contract.

In addition, there is the potential for closer links between those involved in the governance of community pharmacies.

We hope that you will find our response helpful.

Yours sincerely,

E Anne Hawkins
Chief Executive

Primary Care Headquarters
Old Denny Road Larbert FK5 4SD
Telephone 01324 570700 Fax 01324 562367

Chairman Marlene Anderson
Chief Executive Anne Hawkins

Continued

NHS Forth Valley

Modernising NHS Community Pharmacy in Scotland

Consultation Paper

Section 2 : Introduction of New Community Pharmacy Contract

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

2.9 In terms of the quality of services and the premises from which they are provided, legislation would be expected to detail (for example): ….. the standards to which the services are to be provided, ….the nature and standards of equipment used…..

It is likely to be restrictive to future developments to detail in the legislation specific standards. It would be more helpful to make provision for any new and relevant standards which are developed to meet changing patient need and safety requirements to be adhered to.

2.10 In terms of facilitating the ….and clinical governance of pharmaceutical services, it is envisaged that legislation would require contractors to…institute their own clinical governance or other quality assurance activities and/or take part in those organised by others.

The inclusion of a specific requirement for this to include risk management would be beneficial.

2.12 *Boards will be directed to monitor and ensure compliance by contractors with the terms and conditions of service and other regulatory requirements associated with the provision of pharmaceutical care*

Would need to give clear guidance on what action will be required by, or powers will be given to, Boards where cases of non-compliance are detected.

Section 3 : Planning & Provision of Pharmaceutical Care Services

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?

3.3 The intention is to place a statutory duty on NHS 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.

In addition to securing convenient access to a range of services there will need to be the duty to secure safety and quality of care, since these should go hand in hand.

3.4 *Boards would be required to publish, and therefore keep under review, their plans for where and what pharmaceutical care services (PCS) are to be provided in their area.*

Would envisage considerable maintenance involved with reviews, as actual service provision would depend on the development of and support for pharmacies, which
will probably need to be phased in.

Amongst other things, the PCS Plan should state where the Board considers there to be over or under provision of pharmaceutical services.

Even with access to the proposed toolkit for assessing over provision, the capacity requirements of new pharmaceutical services would need to be clearly defined to allow service planning. It would be necessary for any predictions to be based on robust information.

In determining or reviewing the plan a Board would be required to consult with appropriate professional and patient representatives, as well as with the general public.

This consultation process may fuel speculative developments by contractors, in advance of decisions being made around the granting of the contract.

3.5 *..Boards would be responsible for ensuring that its resident population has convenient access (in terms of location and opening times) to the Core Services…*

Need to consider not only convenient access for patients in terms of location and opening times, but also waiting times required to seek professional advise (links back to capacity issues).

3.9 *Under the proposed arrangements, Boards would be able to provide assistance (including financial assistance) that could, for example, enable contractors to combine forces or to move to a location where a service deficiency has been identified.*

Will there be separate funding available to allow this to happen?

3.11 *..where they are unable to place such a contract, by arranging the service provision themselves.*

There is a risk that where it has been impossible to place a contract it may be highly unlikely that recruitment within the managed service would be successful to allow the provision of service required. Additionally, the provision of contracted service through the managed service could be seen by contractors as a restrictive practice. (Also applies to 3.15). The situation would also lead to the Board monitoring itself.

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

It may be that the needs of the patients in the Board area could be fulfilled by a combination of pharmacies providing Core Services and/or 'additional' services, plus pharmacies that only provided specific 'additional services' such as methadone supervision. This may address the challenges of providing an equitable service.

General Point
Is the Board responsible for the implementation of the core Pharmaceutical Care Services? If so, what support and resources will be available for this?

Section 4 : Pharmaceutical Lists

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 a named pharmacist providing the service)?

Agree that placing the clinical component of the contract with a named pharmacist providing the service would improve clinical governance, but would have to extend this to include non-principals associated with the particular pharmacy, to take into account provision of service during illness or annual leave.

4.10 From the date……. All listed persons would be individually responsible for their own acts….

Recommend specifying that person should ensure that they are indemnified.

Section 5 : Persons Authorised to Provide Pharmaceutical Services

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

Agree with the proposed action but sufficient technician manpower will also need to be addressed. Reimbursed staff costs (similar to GMS arrangements) should be considered to ensure appropriate staffing to allow community pharmacists to dedicate more time to direct patient activities.

Section 6 : Cross Boundary and Distant Provision of Pharmaceutical Services

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

Yes, this is desirable, but not at the expense of patient safety.

6.9 *Contractors who wish, or who are commissioned to provide cross-boundary or distant dispensing services will also require to be entered on the list of the Board in whose area the services will be provided or delivered..*

How will 'tourist trade' be accommodated?

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

There is always a risk that divorcing product from care will mean that the contractor providing care may have less complete information regarding the patients products than if they had been supplied by the same contractor. It is necessary to ensure that explicit safeguards are in place and that responsibility for monitoring is clear.

Section 7 : Funding of Pharmaceutical Services

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

General Point
7.4 *It is proposed that Scottish Ministers are given powers to determine those elements of the 'global sum' that are to be allocated to Boards as part of their individual Unified Budgets.*

If there is an overspend in these elements it introduces to Boards an additional financial risk which was previously not their responsibility.

Section 8 : Partial Regulatory Impact Assessment

8.15 *Boards already meet the cost of administering community pharmacy services and the expectation is that the New Contract will add little to that existing commitment.*

Need to recognise that primary care administration departments support not only pharmaceutical, but also dental, optical and medical services.   The required reviews and monitoring will have administration implications.

8.21 *Under the proposed new planning arrangements Boards will have a new responsibility in the shape of producing a pharmaceutical care services needs plan for their area and thereafter ensuring that, over a*

period of time, service provision on the group aligns to those needs. However, this will effectively replace their existing responsibilities and, therefore, is not expected to add to the costs identified above (8.20).

Would envisage that proposed responsibilities would be associated with increased financial resourcing. Proposed responsibilities are much broader and more comprehensive compared with existing responsibilities.