

RESPONSE FROM DLHCC RE “MODERNISING NHS COMMUNITY PHARMACY IN SCOTLAND”

The general proposals to modernise the General Pharmaceutical Services Contract are welcomed. However it is recognised that elements of detail are yet to be considered.

Section 2 – Introduction of New Community Pharmacy Contract

Question:

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

- New role development will require ensuring that staff and premises are fit for purpose. Clear criteria should be available for the demonstration of CPD with minimum competencies requiring to be met for delivery of specific services. Appropriate monitoring and governance arrangements will also be required. These should be agreed nationally and delivered within uni and multidisciplinary frameworks, with standardised processes for reporting of critical incidents.
- Patient registration is essential to facilitate pharmaceutical care of chronic diseases and ensure communication with appropriate health professionals who are also involved in the patients care.
- Development of support staff and checking technicians within appropriate competency and registration frameworks would enable the supply process to function safely with minimum pharmacist involvement.
- Modernisation of the current supervision legislation to maximise the pharmacist input to delivery of pharmaceutical care and minimise involvement in supply function would further support improvement in patient care.
- Boards may require additional powers to enforce non-compliance.

Section 3 – Planning & Provision of Pharmaceutical Care Services

Questions:

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?

- The proposals will enable Boards to plan for equitable access to services. Securing the required services in areas of current need or future housing developments may however be challenging. A national template would enable objective assessment while minimising the risk of “postcode” services.
- Contractors may be reluctant to develop premises and undertake investment in staff and services if they are at risk of moving to a holding contract in the future. This may also make some businesses less attractive to potential purchasers.

- Boards will have a major role in ensuring equitable service provision and reviewing contracts in addition to monitoring and ensuring compliance with terms and conditions of service. Financial support and infrastructure will be required to facilitate this.
- What will be the duration of a PCSP and will there be clear national guidelines for their development?

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

- Community Health Partnerships could be involved in the process of reviewing service provision and PCS plans within their area.
- Review of the Essential Small Pharmacy scheme to ensure provision of services within rural areas or areas of high deprivation should be undertaken.

Section 4 – Pharmaceutical Lists

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 the clinical component of the contract placed with the named pharmacist providing the service)?

- It is feasible that a pharmacist could provide clinical services on behalf of several principal pharmacists from a community pharmacy base. These pharmacists would also require to be registered.
- Locum and relief pharmacists often cover several health board areas and managed service pharmacists provide emergency relief at short notice. Conceivably many managed service pharmacists may also need to be registered.
- Pharmacists may require to register with several Boards, especially if their catchment area is on the Border of more than one Health Board area. Who would be responsible for maintaining lists and assuring competencies for delivery of national and local services?
- Having the clinical components of contracts registered to named pharmacists who have undertaken training to meet specified competencies would improve clinical governance. However, this would create difficulties for locum cover, particularly for small independent businesses. It will be necessary to build in a transition period.
- Clarification is required around the term “pharmacist in training”
- There requires to be a process to assure competency and skills for delivery of specific service by pharmacists included on the Board’s list.
- Protected learning time would be useful.

Section 5 – Persons Authorised to Provide Pharmaceutical Services

Question:

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

- The proposed action will provide the opportunity for pharmacists to devote more time to patient care, but is also dependent on the availability of appropriate trained support staff to deliver the supply function.
- The interpretation of “supervision” may vary between individuals and may require detailed clarification.

Section 6 – Cross Boundary and Distant Provision of Pharmaceutical Services

Questions:

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

- Yes.

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

- Pharmacists could provide care services from a variety of premises and flexibility in contract and planning are essential to enable development of innovative equitable services.
- Pharmacists who are unable to offer pharmaceutical care from their own premises should be able to do so from an alternative convenient and suitable location.
- Some patients may not wish to access pharmaceutical care services and should have a right to access the supply function only.

Section 7 – Funding of Pharmaceutical Services

Question:

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?

- CHPs should have a key role in determining pharmaceutical service needs for their locality. There will however be additional costs for developing local infrastructures to administer the new arrangements. Will additional support be made available as currently for the GMS contract implementation?
- Weighted capitation has potential implications for profitability of small businesses. Over what period of time will this be phased in?

- How would potential overspends be dealt with?

Section 8 – Partial Regulatory Impact Assessment

Option 3 would enable full implementation of the proposed New Contract and address issues around the planning and delivery of pharmaceutical care services and is the preferred option of DLHCC