

From:
Sent: 31 May 2004 13:24
To: pharmacyconsultation
Subject: RESPONSE TO CONSULTATION PAPER - MODERNISING NHS
COMMUNITY PHARMACY IN SCOTLAND

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RESPONSE TO CONSULTATION PAPER

MODERNISING NHS COMMUNITY PHARMACY IN SCOTLAND

SECTION 2

2.1 I appreciate changes in legislation are necessary to achieve the vision of pharmacy in the future. However these changes should not compromise the quality and safety assured with current legislation nor should they destabilise the current network which is held in high regard by service users, the general public.

After careful consideration the changes proposed in this document appear to be a “means to an end” with little or no regard for ramifications and consequences.

2.2 The time scale proposed will not allow for quality assurance, especially in areas of staff education and premises development.

2.8 Measuring the true Quality of service will be very difficult to achieve and I expect it will be a very costly and ongoing process. The “tick box” method is no assurance of quality.

2.9 The main items of concern are the implications for premises development. I welcome, fully, the extended services outlined in Section 2.7, but some of these will require the absolute privacy of a consultation room. Many pharmacies will not have the space to offer such a room and will be faced with having to re-locate if that is possible.

- Who will cover the cost of premises redevelopment?
- How do we deal with existing leases and freeholds if relocation is necessary?
- What will happen to pharmacies who cannot comply?

SECTION 3

3.2 The role of the Board in the current system may be re-active, but the pro-active suggested in this section would remove the opportunity for speculative applications. If the board requires a more pro-active role then they should seek greater involvement in the current consideration process for applications.

The need to change the system seems to be driven by the perception that there are a number of areas where pharmacy provision is inadequate. I would contend that these exist only where a contract is not financially viable and therefore there is no need to radically change the current control of entry regulations, but to address the funding in areas of recognised need.

The concept of over provision in any one area should surely be determined by commercial viability, any other system would undermine the confidence of contractors in the system and their own future suppressing investment and development.

3.8 This section suggests that some pharmacies will not fit into the needs plan of the board and will have their contract terminated. This scenario is simply not acceptable.

3.9 Again the idea of a “holding contract” is simply not acceptable. This is merely a stay of execution and no way to plan health provision.

If areas under provision are identified, funded accordingly and offered to existing contractors I am confident that all needs will be met

SECTION 5

This section simply suggests removing the need for the pharmacist to be involved in the dispensing process. The question asks, will this allow the pharmacist to devote more time to patient care? – It will allow the pharmacist more time to devote to core contract elements, but it wrongly assumes that there is not a significant amount of patient care delivered with the dispensing process.

This is another example of the proposed legislative changes being made with only the end result in mind and no consideration being given to the consequences. I have discussed this issue with many pharmacists and all have expressed the same concerns; dispensing assistants whether trained to N.V.Q.3 standard or not, are not sufficiently qualified or capable of scrutinising the dispensing process for errors or interactions and I do not believe that standard operating procedures will act as a full proof net for pharmacist interventions.

If another member of pharmacy staff is to assume the role of pharmacist then a qualification should be designed which may involve a number of years of full time education, then time being supervised before I would consider them capable of this new assumed role.

The staff currently employed in pharmacies as dispensing assistants have been employed with just that job in mind, to assume that they are capable of embracing their new extended role, with or without training may have disastrous consequences.

In order to ensure continual quality and safety in the dispensing process if the pharmacist is to be removed will require new staff to be recruited who have completed a course specifically designed for their new job. This will take considerable time and will not fit into the time scale of this document.

SECTION 6

I do not see the need for distant dispensing services which, rightly, must be directed through a pharmacy providing pharmaceutical care as it will not improve access or choice.

In any new model of remuneration, dispensing which is recognised as a “Key Activity” must still constitute a considerable portion of the pharmacy’s income. This will, as it is now, be an essential support to the other services being offered. To dilute or remove the income generated from dispensing volume would threaten the viability of the whole service.

To make legislative changes which allow for dispensing factories to be established puts in place a system which would require strict inspection to ensure proper pharmaceutical care is delivered with the dispensing process.