

Modernising NHS Community Pharmacy In Scotland

Consultation Feedback

Section 2: Introduction Of New Community Pharmacy Contract

- Firstly we would like to welcome the proposed standardisation of quality, training and accreditation across Scotland. This would enable better movement of pharmacists across Scotland and reassure patients that the standard of services across the country are comparable.
- The core service element of the contract will allow pharmacists to concentrate on the CARE of the patient by better utilisation of their skills however further detail on these core services would be useful to further inform the debate.
- There are several change management issues that need to be considered in the delivery of the new contract. Principally the training and financial support required and where this would come from to ensure a smooth transition in each and every community pharmacy setting. Would this be centrally funded?
- With regard to training we feel that it is important that there is a certain amount of choice retained by pharmacists for themselves and their support staff when considering the providers of training and delivery of training.
- It is detailed that the Executive would provide incentives to community pharmacists to improve and deliver quality care health services. Is there potential to compromise certain services provided? More detail is required in this area.
- In terms of monitoring service standards we feel that this has the potential to cause overlap between different bodies and introduce a significant amount of beurocracy into the process. Clear boundaries in terms of regulatory powers need to be established for this not to happen.

Section 3: Planning and Provision of Pharmaceutical Care Services

- We do welcome the fundamental idea of a PCSP and do see this as an effective tool to influence policy and strategy not just for community pharmacy but also other NHS services if handled correctly. However the Boards will have physical and financial restrictions as they have at present and it is very important that this does not negatively influence the visionary and aspirational elements of the plan that are required to make this successful.
- It is important that there is a clear process for how the PCP would be consulted upon to ensure that contractors and the public have a voice. We feel that the new community health partnerships have an important role to play in planning, as do pharmacy locality groups.
- We do have a concern over the definition of over-provision/ under-provision. We do feel that further research is required to determine pharmaceutical need and it is essential that the tools used for this purpose are evidence based which is currently not the case.
- A further consideration when developing a PCSP is that the services are not spread so thinly within a particular area that not all patients' needs are met.
- With regard to holding contracts clarity is required on who would hold and manage these contracts. Would these be time-based?
- There would need to be financial support provided to buy out of current leases and move to new premises. Where would this be funded?

Section 4: Pharmaceutical Lists

- We do welcome the changes outlined in this section of the document and agree that it does have the potential to strengthen clinical governance and quality assurance procedures. It will introduce true accountability.
- There will however be some financial implications in terms of administrative activity and it is very important that this money is not removed from pharmaceutical services.
- There needs to be a way of confirming eligibility and capability of pharmacists who are registering certain services. There also needs to be easy access to this list, which could be achieved through NHSnet. There would need to be some clarity on who could access this information. The administration process must be as simple as possible so as not to discourage movement of pharmacists across NHS board areas.
- There is again potential here for over-bureaucracy due to the overlap of governing bodies eg RPSGB. What power will the boards have?

Section 5: Persons Authorised To Provide Pharmaceutical Care Services

- The action proposed will be met with apprehension initially. The important element here is definition of accountability and responsibility for all parts of the dispensing process with respect to all the roles involved.
- We agreed that properly trained checking technicians and other support staff are key to facilitating pharmacists to spend more time with patients. By allowing delegation of all of the dispensing process except the pharmaceutical assessment to trained technicians this would have more of an impact than any proposed change in legislation.
- This change would require financial support in terms of training of salaries to recognise the increased responsibility.

- The move to a more liberal definition of supervision needs proper debate before the Executive make this decision.

Section 6: Cross Boundary and Distant Provision of Pharmaceutical Services

- We do agree that it is desirable to have powers that will encourage and allow innovative ways of providing pharmaceutical services in the future. We do welcome how these proposals are protective of community pharmacy in terms of E-pharmacy.
- It is important that the patient care remains at the forefront of these activities.
- A main driver of distant dispensing is patient confidentiality. If patients had to present their scripts at a PCSP pharmacy this would have an effect on patient choice.
- These changes could have an impact on out-of-hours service provision and this will need to be considered.

Section 7: Funding of Pharmaceutical Services

- Would like to see a minimum, protected amount of money spent on community pharmacy.
- There needs to be a clear definition of the role of the CHP in managing the finances related to pharmaceutical contracts which should be part of their role. This would help the board in organising the finances for pharmaceutical care provision and prescribing budgets.
- We are in agreement that financial accountability should accompany the planning of service provision. There needs to excellent organisation at Board level to successfully manage the administrative aspects of this accountability.

Section 8: Partial Regulatory Impact Assessment

- The proposed changes outlined in this paper will generate a significant amount of administration activity and it is difficult to see how the implementation of these changes could be cost neutral. In addition there will need to be a significant amount of further investment in pharmacy services to deliver the service changes proposed.
- If Primary Care was being treated as a whole then this could be more of a reality.

Response on behalf of North West Edinburgh PLG

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