



The College of Pharmacy Practice
in Scotland

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Consultation title: **MODERNISING NHS COMMUNITY PHARMACY**

1. Responding on behalf of an organisation
2. Yes
3. Yes

MODERNISING NHS COMMUNITY PHARMACY IN SCOTLAND – CONSULTATION PAPER

Response by the College of Pharmacy Practice in Scotland

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?

The College of Pharmacy Practice in Scotland agree with the policy intention of taking steps to modernise pharmaceutical care services through the introduction of a new community pharmacy contract. We agree that any legislation introduced to enable this should relate to the quality of services provided, standards of clinical practice and any training and qualifications that may be required to support these services.

The College provide some additional comments for consideration.

Some services may only be available from appropriately trained pharmacists. This could lead to inconsistency in service provision and also inequity of service provision.

Standards for pharmaceutical service provision should be the same regardless of provider – e.g. pharmacies, dispensing practices etc.

Consideration should be given to the standards required for pharmacies considered suitable as training establishments both practitioner and premises. There requires to be nationally agreed standards.

The College of Pharmacy Practice in Scotland has the aim of working with organisations to support the development of pharmacists through education, practice and research. Continuing professional development is a cornerstone of the College who have developed expertise in this area over a number of years.

Section 3 – Planning & Provision of Pharmaceutical Care Services.

Question: 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?

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

The College of Pharmacy Practice in Scotland welcomes the suggestion that NHS Board areas identify local pharmaceutical care need through the production of a pharmaceutical care services plan (PCSP) as described in the consultation document. The College hopes that these arrangements will better serve needs in urban, remote and rural communities.

PCSP contracts may lead to conflict for patient service provision where, some services for patients are provided by an existing contractor, and others by via a new PCSP contract.

There is the potential for a reduction in the quality of service provision if Boards determine service requirements and remote provision is the only option.

Holding contracts may lead to a lack of stability within the network of community pharmacy contractors.

Professional advisory committees should be included in the process.

Section 4 – Pharmaceutical Lists.

Question: Are there any further actions which 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 the named pharmacist providing the service)?

The College agree that the introduction of pharmaceutical lists as outlined in the consultation document should lead to strengthened clinical governance and quality assurance, which will benefit patient care.

Improved reporting arrangements are required when contractors change.

Emergency arrangements may be required for employing pharmacists not on a Board's pharmaceutical list.

It is suggested that all local schemes that may be introduced in all areas should have national accreditation criteria in order to ensure consistent standards from those on the Board pharmaceutical register.

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 College considers that the change suggested is appropriate in order to bring regulations into line with the Medicines Act (1968).

Remote and rural areas may have difficulties with more liberal interpretation of supervision, where trained, competent staff may not be available.

Section 6 – Cross Boundary & Distant Provision of Pharmaceutical Services.

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

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

The College agree that there should be innovative solutions to providing pharmaceutical services to meet needs. There may however, be conflict with the proposals in Section 3.

Splitting service provision into dispensing services and pharmaceutical care -this would require to be part of a Board plan and approved access to the list included under the process. Limits may require to be added especially for temporary situations e.g. holidays. There may also be issues for communities served by dispensing doctors.

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?

It will be difficult to assess the level of increased cost of the provision of pharmaceutical services until pilots have been carried out. The College do not consider that the proposals will be cost-neutral.

It would appear that additional requirements for service provision are being proposed without additional resource to support.

31st May 2004