

Pharmacy Department
Royal Edinburgh Hospital
Morningside Terrace
EDINBURGH
EH10 5HF
Telephone: 0131-537-9000

Date: 1 June 2004
Your Ref:
Our Ref: PM/PJFP

Enquiries to Pat Murray/Pat Potts
Extension 46308/46575
Direct Line 0131-537-6308/6575
Fax 0131-537-6552 (46552)
Email Pmurray@lpct.scot.nhs.uk/Pat.Potts@lpct.scot.nhs.uk

Miss Susie Braham
Scottish Executive Health Department
St Andrews House 1AR
Regent Road
EDINBURGH
EH1 3DG

Dear Miss Braham

**RE: MODERNISING NHS COMMUNITY PHARMACY IN SCOTLAND –
CONSULTATION PAPER RESPONSE**

I would like to thank you for the opportunity to respond to this important Consultation Document.

The Pharmacy Department of NHS Lothian – Primary and Community Division response has now been collated and is attached. Overall the general directions of the proposals should enable the modernisation of community pharmacy practice and help us deliver a quality pharmaceutical care service at a local level within Lothian.

With best wishes,

Yours sincerely

PAT MURRAY
CHIEF PHARMACIST



CERTIFICATE NO. FS-31233

NHS Lothian – Primary and Community Division (LPCD) Pharmacy Services Response

The LPCD welcomes the document above and recognises that the framework for the New Pharmacy Contract should enable the progression and the development of Community Pharmacy in Scotland.

Section 1: Legislative Background and General Overview

Summary of current system – no comment required.

SECTION 2: INTRODUCTION OF THE NEW 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?**

It will be important that there is a clear definition of standards of service which are consistent and sufficient funding and resource allocated to ensure these standards can be met without compromising the excellent quality of service patients currently receive.

This legislation should define the standards required for premises, quality of service, staff qualifications, and clinical practice and determine the manner in which Boards would be expected to monitor performance in the delivery of pharmaceutical care services. Any monitoring could be similar to that of the GMS contract, which is high trust, low bureaucracy and should ensure minimal duplication of the role of the RPSGB.

TO ENSURE EQUITY OF SERVICE QUALITY ASSURANCE ACTIVITIES AND CLINICAL GOVERNANCE NEED TO ADHERE TO NATIONAL STANDARDS. THERE SHOULD BE A MECHANISM TO ALLOW ADDITIONAL SERVICES TO BE REVIEWED NATIONALLY AND FOR A STANDARD SERVICE SPECIFICATION TO BE AGREED. THIS WOULD ENABLE FLEXIBILITY OF MOVEMENT OF THE PHARMACY WORKFORCE ACROSS LOCAL NHS BOARD BOUNDARIES AND ENSURE CONSISTENCY OF DELIVERY OF PATIENT CARE.

The legislation should address the fact that pharmacists and support staff need access to clinical patient data with the cross transfer of information via the NHS net.

Patient registration with a community pharmacy would be essential especially for the development of chronic medication services.

Innovative and forward thinking pharmacists should not be limited by core services and be able to secure local funding for other services which meet local need.

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?**

We support the view that pharmaceutical services should be implemented in a planned way and reflect the needs of all populations, and allow a rational distribution of community pharmacies.

This should allow Pharmacists to relocate or surrender their contract without financial loss.

The development of such a plan should be compiled consistently across Scotland through Guidance Notes, eg who should be consulted in the process – Area Pharmaceutical Committee, Area Clinical Forum, Area Nursing and Medical Committees, CHPs, Divisions?



CERTIFICATE NO. FS-31233

It is important to ensure that any Pharmaceutical Care Services Plan (PCSP) is inclusive, visionary and aspirational and not based on the Boards ability to deliver the plan (financial constraints). The planning process should include input from the new community health partnerships (CHPs) and pharmacy locality groups. Although the PCSP will be for the whole of a board area it is important that the needs assessment is carried out locally and looks at the needs of individual neighbourhoods.

The priority should be to address areas of identified “under” provision, as at present there is a good network of community pharmacies and any move to issue holding contracts will cause instability and uncertainty amongst contractors.

Clear guidance will be required on the definitions of “over” and “under” provision of pharmaceutical services. Clarity on what would happen if there is only one particular service not adequately provided within an area by the current contractors is needed.

CLARITY IS NEEDED ON HOW PHARMACEUTICAL CARE NEEDS WILL BE ASSESSED, WHAT EVIDENCE EXISTS FOR THE METHODS TO BE USED AND HOW WILL BEST PRACTICE BE IDENTIFIED AND SHARED. AS BOARDS TAKE OVER THE POWER TO ALLOCATE CONTRACTS THERE MUST BE STRICT CRITERIA IN PLACE TO ALLOW A FAIR AND TRANSPARENT DECISION PROCESS AND A ROBUST APPEALS PROCEDURE.

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

Another possible model could be a pharmacy consortium in areas of over provision where the number of pharmacists providing services remains the same but the number of premises is reduced. There would however need to be assurances that the appropriate range of skills was available during opening hours to provide continuity of care.



Section 4 PHARMACEUTICAL LISTS

Question

- **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 (eg having the clinical component of the contract placed with the named pharmacist providing the service)?**

We agree that a pharmaceutical list is desirable but feel that a national rather than local list might be more effective. Currently boards are required to collect a list of all pharmacists in their area who will require e-mail addresses through NHS Net. "Principals" have to identify all those pharmacists who will have access to the computer system within a pharmacy and this list will have to be maintained by the board. It would seem sensible if there was only one list. This could be a single list at board level or since pharmacists will be given only one e-mail address regardless of where they work it might in the long run be easier to collect locally and maintain centrally.

There would however need to be a verification of those who would be in Part A and Part B and verification that the criteria for inclusion on the register are met. This would also mean that should someone be found to be unfit their e-mail address could be revoked and this would clearly demonstrate the fact that they were not on the list.

In theory all pharmacists in a board area should be able to be on the list to allow cross transfer of skills and not all these pharmacists would have been identified in the trawl for NHS Net purposes but the addition of these on to an already established list would not be difficult.

With specific reference to whether a clinical component of the Contract should be placed with the named pharmacists providing the service. This would seem entirely sensible but there would need to be national accreditation of the training for the provision of these services to ensure an equitable service nationally and to allow pharmacists to move around. Currently an individual trained in one board area cannot provide a very similar service in another board area without repeating training and nationally recognised accreditation would address this anomaly.

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 action proposed should allow pharmacists to devote more time to patient care but this will not be something that can happen quickly. There is a shortage of appropriately trained staff and there will be a substantial lag time before suitable technical staff can be trained. Staff numbers will need to increase in many instances if checking technicians are to be used and that extra financial burden might prevent some businesses from remaining viable unless the remuneration package as a whole is increased.

The requirement for the supervision of the sale of "P" medicines will continue to prevent the pharmacist from leaving the premises even when time is freed up from the dispensing process. It is therefore essential that IT support is available to allow pharmacists to access all necessary information to be able to provide comprehensive pharmaceutical care services from the pharmacy.

SECTION 6: CROSS BOUNDARY AND DISTANT PROVISION OF PHARMACEUTICAL SERVICES



Questions

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

We agree that it is desirable to allow innovative ways of providing pharmaceutical services. It is important however that these innovative ways of providing services can be demonstrated to provide patient benefit by improving choice, convenience and safety. They will also need to meet the guidelines of the RPSGB where a pharmacist should be available either directly or by phone for advice at the point of hand over of the medicines.

A strength of community pharmacy is that it provides easy access to patients, it is therefore important that innovation enhances rather than jeopardises the current network of contractors. The role of the pharmacist in chronic disease management (through a repeat dispensing service) will focus on excellent communication with patients to support concordance. The technical service could be undertaken either locally or at a distance as long as the product for issue meets criteria for dispensing practice.

If lists are being kept at board level there seems to be a large administrative burden associated with the exercising of these powers.

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

We feel that the level of patient choice offered by these proposals is fairly comprehensive

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?**

We welcome the flexibility for funding and would welcome a holistic approach but realistically the flexibility at local level would be limited, as the nationally negotiated contract would consume the majority of the money. We welcome the ability of the boards to pay additional sums for more enhanced services as this should encourage and reward innovative pharmacists but there needs to be consistency across boards where the same enhanced services are being provided. There may be scope for locally determined money, which is not specifically earmarked for pharmacy to be used to improve patient care and outcomes in primary care through the provision of innovative pharmaceutical care services.

SECTION 8 PARTIAL REGULATORY IMPACT ASSESSMENT

It is difficult to comment on this at this point in time as many things still require to be discussed and clarified. The implementation of the changes are unlikely to be cost neutral particularly as there will be a greater administration burden. It is important that there is sufficient funding available to successfully implement the proposed changes and they do not stall for lack of resource.

Pat Murray

CHIEF PHARMACIST

NHS Lothian – Primary and Community Division

MAY 2004



CERTIFICATE NO. FS-31233



CERTIFICATE NO. FS-31233