

Pharmacy

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Susie Braham
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Dear Ms Braham

RE: MODERNISING NHS COMMUNITY PHARMACY IN SCOTLAND- CONSULTATION PAPER

Please find below the responses for NHS Orkney:

Section 1 – Legislative background and general overview

The proposals in the consultation paper do not extend to dispensing doctors. Orkney is a small island health board with 15 GP practices – 12 of which are dispensing. The dispensing practices account for approximately 40% of prescription items dispensed. The provision of pharmaceutical services from dispensing doctors practices would have to be rightly considered in a Pharmaceutical Services Care Plan. Implementation of the Pharmaceutical Services Care Plan would be fragmented if legislation did not cover both areas of practice.

Section 2 - Introduction of New Community Pharmacy Contract.

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

Legislation surrounding the new community pharmacy contract provides the opportunity to define 'the quality of services provided, standards of clinical practice, the training and qualifications of staff, the standard of premises and other matters relating to the infrastructure of pharmaceutical services' - this is welcomed. Again it would be beneficial if the same standard of service were applied broadly to dispensing G.P. practices (excluding those which are specific for pharmacy).

The requirement for community pharmacists to participate in internal quality assurance and audit techniques is welcomed and will ensure that high standards of care are provided and maintained.

Section 3 – Planning & Provision of Pharmaceutical Care Services.

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?

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

The provision for the development of a local pharmaceutical care services plan with consultation with the appropriate bodies and the general public should offer a comprehensive way of ensuring

Caring for the people of Orkney

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Chairman: Jenny Dewar
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Orkney NHS Board is the common name of Orkney Health Board

patients have convenient access to a range of pharmaceutical care services that takes account of their care and access needs. The provision of pharmaceutical services from dispensing doctors practices would have to be considered in a local Pharmaceutical Services Care Plan.

Section 4 – Pharmaceutical Lists.

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)?

This proposal is welcomed. This would provide Orkney Health Board with an awareness of the number and the skills of the pharmacists practising in Orkney and provides an opportunity for discipline via an NHS Discipline Committee & the NHS tribunal system.

Section 5 – Persons Authorised to Provide Pharmaceutical Services.

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

The standardisation to ‘supervision’ will allow community pharmacists to devote more time to direct patient care.

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

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

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

The introduction of distant dispensing must be ‘managed and controlled in a way that ensures local access to the full range of pharmaceutical care services is maintained and that the provision is to appropriate standards’. This is especially important in rural/ isolated areas where any developments must not destabilise the local provision of pharmaceutical services. Authorisation of ‘distant’ services must remain with the local NHS board and be guided by the local Pharmaceutical Services Care Plan

Section 7 – Funding of Pharmaceutical Services.

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?

The proposal is for the allocation of the ‘global sum’ for community pharmacy remuneration to local boards via the Arbuthnott formula. The overall negotiations for remuneration remain nationally negotiated. Orkney is a small board with only three community pharmacies and would be vulnerable to any peaks and troughs in remuneration payments.

The suggestion of a “pace of change” model, which will allow this practice to happen over a ten year period is welcomed.

Please contact me at the address above if you require any further details

Yours sincerely

Fiona Scott
Pharmacist Facilitator