

PW/058



Our Ref: SJB/HG
Yr Ref:
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Dear Ms Braham

Modernising NHS Community Pharmacy

Please find attached the Care Commission's response to the above consultation.

Yours sincerely

pp Susan J Brimelow
Manager - Independent Healthcare Division



Scottish Commission for the Regulation of Care
Consultation Response

Title of Consultation	Modernising NHS Community Pharmacy in Scotland
ID Number:	29
Response to	Scottish Executive Health Department
Response prepared by	Alison Rees Pharmacy Adviser
Date of Response	25 th May 2004

Thank you for the opportunity to comment on the consultation document Modernising NHS Community Pharmacy in Scotland which has significant implications for the quality of service provided by community pharmacy to the thousands of people using care services which are regulated under the Regulation of Care (Scotland) Act 2001.

We note that the Care Commission was not included in the list of organisations/individuals to whom the consultation document was sent and would be grateful if we were included in the list for any further relevant documents.

The Care Commission wishes to make the following comments:

General

NHS Focus

We feel that the document is too focussed on the NHS. Community Pharmacists are a major supplier to the private (non-NHS) 24 hour care service sector. 24 hour care services include care homes, private hospices, respite services, secure accommodation etc. and serve over 50,000 people throughout Scotland, often with complex health and consequently complex medicines regimes. The consultation makes no reference to the need to strengthen links between Community Pharmacists and these services. The services provided by Community Pharmacists are critical in enabling a service to maintain effective control of medicines for service users.

Section 2 : Introduction of New Community Pharmacy Contract

Paragraph 2.4

Core Pharmaceutical Services

It is unclear from the document as to whether the Chronic Medication and Minor Ailments core services will be available to people who live in care services and are unable to visit their community pharmacy.

- We recommend that the terms of service and remuneration for all core services should, where possible, include providing the service to people living in care services.

Paragraph 2.4

Additional Services –

The former National Care Standards Commission (covering England) published a report in early 2004 resulting from the findings of their inspectors in three types of care homes (Older People, Younger Adults and Children's Homes) looking at the medications standards, in the year 2002-2003. Only 44% of homes met the standard and 1% exceeded the standard. Their report concluded that community pharmacists have an important part to play in assisting homes locally and their more frequent and regular involvement would be welcomed by the sector as a whole. The report acknowledged that there was a wide variability in the provision and extent of pharmacist involvement in care homes.



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- We recommend that the current reference to residential homes be expanded to encompass all care services eg. day care, care at home, care homes, children's and early years services, residential schools etc.
- We recommend that there is a national specification for advisory services to care services which should encompass the relevant National Care Standards for each type of service and the best practice issued by the RPSGB, NMC etc.
- We recommend that pharmacists providing services to care services are required to have completed any relevant training developed by NES etc.

Paragraph 2.10

The requirement for contractors to report adverse incidents or near misses to Scottish Ministers or specified 3rd parties in a format determined by them is valuable but clear guidance is required regarding the classification of what is considered to be adverse incidents or near misses to ensure consistency across Scotland.

- We recommend that information on such incidents, the actions taken and follow up requires to be shared with the NHS Boards and other relevant organisations.

Section 3 : Planning and Provision of Pharmaceutical Care Services

Paragraph 3.4

The development of the pharmaceutical care services (PCS) plan is core to the proposals.

- We recommend that a needs assessment tool be developed nationally to ensure consistency in the plans drawn up by each Board. In developing any national guidance it would be important to have key stakeholders from within the profession, but also using expertise from other areas including the private care sector.

Paragraph 3.5

We welcome the aspirations of convenient access in terms of location and opening hours detailed in this paragraph, but have concerns as to the practicalities of fulfilling this proposal in many rural areas.

Section 4 : Pharmaceutical Lists

Paragraph 4.7 & 4.8

We recommend that the undertakings, consents and declarations to confirm fitness to practice include Disclosure Scotland checks for those pharmacists and staff who will be involved in providing services to vulnerable patients eg. compliance aid assessments, medication review in care services etc.



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Section 6 : Cross Boundary and Distant Provision of Pharmaceutical Services

Paragraph 6.9

We have concerns about which Board will be responsible for the control and regulation of services for the scenario where a pharmacy located in one Board area may provide cross-boundary or distant services in numerous other Board areas. There are currently several individual pharmacies which provide dispensing services to numerous care homes throughout Scotland.

Paragraph 6.11

We support the view that where a service only provides distant dispensing that the prescription is presented at or through a pharmacy contractor who provides full pharmaceutical care services. It would be of concern if large care services were enticed to use a distant dispensing service without access to a full pharmaceutical care service.

Paragraph 6.13

Monitored Dosage Systems (MDS)

Many care services have their medicines supplied in MDS which are filled by the community pharmacist at the point of dispensing. Currently there is no central funding available to cover these costs and many pharmacist feel pressurised into providing this services or risk losing the dispensing service to another pharmacy. The popularity of MDS systems may be due to the perception of care home owners/managers that they provide a safer means of medicine administration than traditional containers. MDS are also perceived to save time at the point of medicine administration.

The use of a MDS in a care setting does not automatically suggest that medicine handling is safe. Medicines will only be handled safely when the care setting has appropriate and safe policies and procedures for staff to work to; and the staff have been trained in the safe handling of medicines, irrespective of the packaging in which they are presented.

- We recommend that needs assessment tool is developed to assess the overall needs of the care home and its service users when deciding how the medicines should be dispensed. This would include the possible waste of drugs and the implications associated with altering drug prescriptions and dosages (such as updating computer treatment records), before deciding whether or not to use a monitored dosage system.
- We recommend that resources should be allocated to provide medicines in MDS packaging where needs assessment indicated that the safety of the service users was at risk.



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We support the view that it will be necessary to have regulatory powers to ensure that new and untested ways of working in terms of cross-boundary and distant dispensing to limit the services or to dictate the ways in which they will be operated.

Thank you once again for the opportunity to provide feedback on this consultation document.

Alison Rees
Pharmacy Adviser
Scottish Commission for the Regulation of Care (Care Commission)