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GREATER GLASGOW



HEALTH COUNCIL

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28th May 2004

Ms Susie Braham
Scottish Executive Health Department
St Andrews House
1ER
Regent Road
Edinburgh
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Dear Ms Braham

“Modernising NHS Community Pharmacy in Scotland” Consultation Paper

The Greater Glasgow Health Council welcome the opportunity to respond to the Scottish Executive Health Department consultation paper “Modernising NHS Community Pharmacy in Scotland”.

The Greater Glasgow Health Council’s response is as follows:-

The Greater Glasgow Health Council members found the document easy to read and it was particularly helpful to have specific sections in relation to Community Pharmacy Services which was very helpful to those who were not aware of the regulations under the 1978 National Health Service (Scotland) Act regarding the requirements of NHS Boards to make and administer arrangements for the provision of Pharmaceutical Services to people in their area.

Section 2 : Introduction of New Community Pharmacy Contract

Greater Glasgow Health Council members note that it is envisaged that the new contract for Community Pharmacy will comprise two main elements, namely:

- Core Pharmaceutical Care Services – centrally negotiated (terms of service and remuneration) and comprising:
 - Chronic Medication Service
 - Minor Ailments Service

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- Acute Medication Service
 - Public Health Service
- Additional Services – services will, as now, be locally negotiated, the Health Council note that these Additional Services relate to dispensing and advisory services subject to local NHS Board negotiations. These are local contract items covering services that Ministers have directed NHS Boards to negotiate, which are listed in the Scottish Drug Tariff. These additional services presently comprise:
 - Advisory Services to Residential Homes
 - Methadone Dispensing Services
 - Oxygen Supply Services
 - Needle Exchange Schemes
 - Disposal of Pharmaceutical Waste
 - Out of Hours Services
 - Collection and Delivery Services

The Greater Glasgow Health Council members welcome the aim of the new contract to improve the range and quality of care provided to patients through the development and better utilisation of Community Pharmacists' skills, and those of their support staff. The Health Council members note that dispensing is a key pharmacy activity but in future greater emphasis will be placed on the clinical management of an individual patient's condition(s) or wider health care needs and it is envisaged that the new contract Core Services will include provision of (for example):

- Pharmaceutical care of certain specified conditions
- Diagnostic testing and the provision of advice in connection with self-testing
- Care for people with minor ailments, without a GP prescription
- Pharmaceutical advice to patients on request (unconnected to a particular supply)
- Provision of Public Health Services

The Greater Glasgow Health Council undertook a survey of Pharmacy Services in 2001. This survey included accommodation available in pharmacy premises for patients to have confidential discussions with the Pharmacist. The Health Council welcomed the recognition within the document that legislation should include the standard to premises and other matters relating to the infrastructure of Pharmaceutical Services.

In relation to Audit and Clinical Governance of Pharmaceutical Services the Health Council support the proposal that legislation would require contractors to (for example):

- Carry out audits of their services
- Where required, report adverse incidents or near misses to Scottish Ministers, or specified third parties, in a format determined by them

The Health Council members note that Boards will be directed to monitor and ensure compliance by contractors with the terms and conditions of service and other regulatory requirements associated with the provision of Pharmaceutical Services.

Section 3 : Planning and Provision of Pharmaceutical Care Services

The Policy Intention

The Greater Glasgow Health Council support the recognition within the document that planning and provision of Pharmaceutical Care Services should ensure that service provision is based on locally identified care needs and that patients have convenient access to a full range of services.

The Health Council recognise that the need for change is due to the present situation where in some instances particularly in rural, remote and deprived areas, patients do not have either complete or ready access to a full range of Pharmaceutical Services and this change will put Boards onto a more proactive footing instead of the present system where they are reacting to requests being initiated by potential contractors rather than by the Board actively planning and securing the services.

The Greater Glasgow Health Council support the proposal that the current "necessary and desirable" test for control of entry to Pharmaceutical Lists will be replaced with a more objective assessment for determining where Pharmaceutical Care Services are to be located or delivered. The Health Council also support the proposal that Boards will be required to publish, and thereafter keep under review, their plans for where and what Pharmaceutical Care Services (PCS) are to be provided in their area.

The Health Council note that in the case of over provision, it is proposed that the Pharmacies in question will, for a set period of time, be granted a 'holding' Pharmaceutical Care Service Plan contract and that Boards will be granted powers to incentivise change that would result in a match between service provision and the Pharmaceutical Care Service Plan. The Health Council note that under the proposed arrangements, Boards would be able to provide assistance (including financial assistance) that could, for example, enable contractors to combine forces or to move to a location where a service deficiency has been identified.

The document outlines that under provision will fall into three main categories, i.e.

- Complete absence of national contract cover
- Insufficient national contract cover, e.g. where recent housing developments have placed a strain on existing service provision
- Absence of one or more locally required services, e.g. methadone or out of hours services.

Greater Glasgow Health Council is aware that in some areas of Greater Glasgow there is no local Pharmacy provision and support the proposal that assistance should be provided to establish Pharmacies where there is an identified service deficiency.

Section 4 : Pharmaceutical Lists

Greater Glasgow Health Council note that at present NHS Boards are required to maintain lists of the names and addresses of the "persons, firms or bodies corporate" that provide Pharmaceutical Services in their area. The Pharmaceutical List must also detail the Pharmaceutical Services being provided and the opening hours. Greater Glasgow Health Council support the proposal that there is a requirement that all registered Pharmacists who deliver Pharmaceutical Services in the area of an NHS Board are entered on the Board's Pharmaceutical List. This is a change to the current procedure where the list does not include Pharmacists who have been employed to provide Pharmaceutical Services (on a permanent or temporary basis) nor does it include Pharmacists in training. The Health Council note that the inclusion of all registered Pharmacists will become responsible for their own actions or lack of action.

The document indicates that this approach has already been taken with General Practitioners and it is also being proposed for dentists and optometrists/ophthalmic medical practitioners and that the proposal would harmonise arrangements across all four family health services.

The Health Council note that from the date of implementation of the new arrangements, a Pharmacy principal would not be able to employ a Pharmacist who was not listed on their local Board's Pharmaceutical List.

The Health Council support these new arrangements which will improve Clinical Governance in the Community Pharmacy Sector as this will mean that all listed persons would be individually responsible for their own acts or omissions in the course of providing NHS Pharmaceutical Services.

Section 5 : Persons Authorised to Provide Pharmaceutical Services

Greater Glasgow Health Council welcome the proposal in the document to standardise the legal references to persons authorised to provide Pharmaceutical Services and note that one of the aims of the new contract is to encourage Community Pharmacists to spend more time with patients and less time on the mechanics of dispensing.

The document refers to Section 28(2) of the 1978 Act which states that medicines provided by Pharmacies providing NHS Pharmaceutical Services must be dispensed by or under the "direct supervision" of a registered Pharmacist. The Health Council support the proposal to replace the current 1978 Act requirement that medicines are supplied under "direct supervision" with a requirement that medicines will be supplied under the description of supervision that is consistent with the approach taken in the Medicines Act 1968. The Health Council note that this change would "allow a more liberal

interpretation of supervision to mean ensuring safe systems of work and, under this wider interpretation, Community Pharmacists would be able to devote more time in engaging in direct patient care activities.”

Section 6 : Cross Boundary and Distant Provision of Pharmaceutical Services

The Health Council note that the document refers to Boards being required to maintain lists of persons and businesses who provide Pharmaceutical Services, which includes the provision of appliances, in their respective areas.

The Health Council members noted that the document does not refer to private healthcare contractors/companies who provide chemotherapy drugs, kidney dialysis, peg feed etc to people at home. Also there is no mention in this document about the monitoring of service contracts for equipment used at home. The Health Council consider that there should be reference to such services and monitoring arrangements in the document.

Section 8 : Partial Regulatory Impact Assessment

Greater Glasgow Health Council note that legislation is required to enable implementation of new contract arrangements for Community Pharmacies and address associated issues around the planning and delivery of Pharmaceutical Care Services. Health Council members note that the purpose of this legislation is to modernise and redesign Community Pharmacy Services in Scotland “with an overarching aim to provide patient care and improve the health of the public and to better utilise the skills of Community Pharmacist and their support staff to meet locally identified needs.”

In April/May 2001 Greater Glasgow Health Council undertook a survey to gauge user satisfaction with Community Pharmacy Services. Overall the survey’s conclusions found that levels of satisfaction with the different aspects of Pharmacy Services were high. There was slightly less satisfaction with the level of privacy afforded in the Pharmacy with lowest level of satisfaction reported being with regard to the out of hours Pharmacy Service. The majority of participants felt that Pharmacies should offer advice on minor ailments, information on smoking cessation and health promotion and healthy lifestyles.

The Health Council note that the document refers to a public survey undertaken by the Scottish Consumer Council in September 2002 which found that 61% would like to see Community Pharmacists being able to authorise repeat prescriptions. The levels of support for medication reviews and health checks was 41% and 26% respectively.

In light of these surveys the Health Council would support Option 3 which is for new legislation which will address the lost benefit (to patient) issues above and in summary would provide Ministers with powers to secure: