



Royal College  
of Nursing  
Scotland

12/06/05

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27<sup>th</sup> May 2004

Susie Braham  
Scottish Executive  
Health Department  
St Andrew's House  
1 ER  
Regent Road  
Edinburgh  
EH1 3DG

Dear Ms Braham

**Re: Modernising NHS Community Pharmacy**

The Royal College of Nursing (RCN) is the UK's largest professional association and union for nurses, with over 360,000 members (over 35,500 in Scotland). Most RCN members work in the NHS, with around a quarter working in the independent sector. The RCN works locally, nationally, and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a major contributor to the development of nursing practice, standards of care and health policy.

RCN Scotland supports the proposals as set out in this consultation. Pharmacists are an integral part of the health care team. These proposals for legislative change should support modernisation of pharmacy services.

While generally supportive we would wish to make the following specific comments.

**Page 8 para 2.9**

GP's are not the only health profession which refer patients to pharmacists. Nurses including those in NHS 24, dentists and others not only refer patients but also prescribe. Any policy and legislative change must allow for the growth in nurse prescribing.

Para 2.9 also talks about 'patients who register with the community pharmacist'. We are unclear if this means that patients must register with pharmacist. This would appear undesirable for many, but recognise for others a local relationship with one pharmacy is desirable.

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*The RCN represents nurse  
and nursing, promotes  
excellence in practice and  
shapes health policies*

**Para 2.10**

Any legislation should make it explicit that as NHS funded bodies NHS QIS standards are mandatory as are staff governance standards. We do not believe it is for individual pharmacists to "institute their own clinical governance or other quality assurance activities".

Specific mention should be made about patient safety and risk management systems including giving advice to care homes etc.

**Page 12 Section 3**

The document makes no comment about DTI investigations into pharmacy location, numbers and product pricing. All of which have a bearing on this policy. Nor is there anything linking the formal public representatives (successors to LHC's) into the decision making processes. It is however welcome that NHS Boards will "require to provide" services where none currently exist.

**Page 14 section 4**

RCN Scotland believes a statutory requirement on mandatory NHS QIS standards (or those set by the pharmaceutical regulator) will ensure patient safety and clinical governance.

**Page 15 section 5**

The lessening of the restriction from 'direct supervision' to supervision would appear sensible if the requirements in the previous paragraph are in place, supported by training and audit systems.

**Page 18 Section 6**

The proposals appear to provide for flexibility.

**Page 20 Section 7**

RCN Scotland has no comment to offer on this section.

Yours sincerely



Pat Dawson  
Head of Policy & Communications