

SCC Scottish
Consumer Council
Making all consumers matter

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Dear Ms. Braham,

Thank you for inviting the Scottish Consumer Council to contribute to this consultation. I enclose our response which answers most but not all of the questions asked. We are pleased that the Scottish Executive is responding to the issues which were explored following the OFT report on the control of entry regulations, and that planning will be done in a more objective way.

If you would like to discuss anything further, please don't hesitate to get in touch.

Yours sincerely,

Martyn Evans

Martyn Evans
Director

response to the Scottish
Executive consultation
paper 'modernising
NHS community
pharmacy in Scotland'

May 2004

Response to the Scottish Executive consultation paper 'Modernising NHS Community Pharmacy in Scotland'

Introduction

The Scottish Consumer Council (SCC) welcomes the opportunity to respond to the Scottish Executive consultation paper *Modernising NHS Community Pharmacy in Scotland*. The purpose of the SCC is to make all consumers in Scotland matter. We do this by putting forward the consumer interest, particularly that of disadvantaged groups in society, and by working with those people who can make a difference to achieve beneficial change. In the area of pharmaceutical services, consumers need convenient access and a quality of service appropriate to their needs.

In 2002 the SCC commissioned a series of omnibus poll questions and published the results in the research report *Consumer Views of Community Pharmacies*. The aims of the research were to establish baseline information on consumers' use of community pharmacies and their views on the role of community pharmacies, which would inform the implementation of the Scottish Executive's pharmaceutical strategy. We will draw on the findings of this research as part of our response.

The SCC has also responded to the Office of Fair Trading report *The Control and Entry Regulations and Retail Pharmacy in the UK* (2003). In our response we recommended that the Scottish Executive review the current regulations with a view to introducing a regulatory system which improves access and quality of services for consumers, and also ensure that any change to the regulations is consistent with achieving goals of health policy to use pharmacies in new ways to improve people's access to health care services, and to advice and information about health.

We welcome this consultation and support the general thrust and direction of the document. We have a number of comments to make on specific aspects of the consultation paper.

Q1 Are there any specific or additional powers we need to consider in order to modernise pharmaceutical care services and further improve patient care?

We welcome the proposals in Section 2 that deal with the introduction of a new community pharmacy contract. The aim of the proposals is to modernise pharmaceutical care services and improve patient care. In particular the aims and proposals set out in paragraphs 2.5 and 2.7 which appear to put patient care at the centre of the new contracts, focusing on advice and wider health needs rather than simply encouraging dispensing volume. We suggest that the Scottish Executive should consider also including the following services as part of the core services described in section 2.7:

- Promotion of self-care for minor ailments
- Advice on finding other healthcare services

We also support the proposals in paragraph 2.8 which indicate a move towards greater quality assurance. In line with other areas of health care, patients are entitled to expect that all pharmacists will meet high standards of professional practice. This can be encouraged through more extensive use of clinical protocols and greater clarity about the standards to which services should be provided, as described in section 2.9. For many patients, the definition of a good quality service is one that meets their needs, and this will include non-clinical matters such as opening hours, and home delivery services.

The expectation that patients should register with a community pharmacy (paragraph 2.9) is viewed by SCC as good practice, however, it should be recognised that this is probably not commonly the case at present and greater public information would be required to promote this. We also support the proposal in paragraph 2.9 that legislation would detail 'the type and format of patient records to be maintained for specific services'. We feel that this would lead to greater standardisation of patient records.

SCC research has shown a high level of support for the provision of a number of additional services by pharmacists¹. Respondents were asked which, if any, of the following services their pharmacist should be able to provide:

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|---|-----|
| • Authorisation of repeat prescriptions | 61% |
| • Health checks (e.g. blood pressure) | 41% |
| • Smoking cessation clinic | 37% |
| • Review of medication | 26% |
| • None of these | 18% |

Of particular note are smoking cessation clinics, which are not mentioned in the consultation paper but received support from a sizable percentage of respondents as a service which community pharmacies should provide.

The majority of respondents (57%) were in favour of other health professionals (such as chiropodists, nurses, physiotherapists, or health visitors) operating from pharmacy premises. There was considerably less support for non-health related services, such as social work services, using pharmacy premises as a base to operate from (21%).

We recommend that this statistical information be taken into account when considering the range of services that community pharmacies can provide and how these can be publicised to consumers.

Q2 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?

¹ Scottish Consumer Council (2002) *Consumer Views of Community Pharmacies*

Section 3 deals with the control of entry regulations. We welcome the proposal 'to place a statutory duty on NHS Boards to provide or secure the provision of pharmaceutical services that they consider necessary to meet all reasonable needs of persons in the Board's area' (paragraph 3.3). In particular we support the plans to require Boards to consult the public when determining or reviewing their pharmaceutical care services (PCS) plan (paragraph 3.4); and to replace the current 'necessary and desirable' test for control of entry with a more proactive and objective system based on the Board's PCS plan (paragraph 3.7):

We do, however, have concerns regarding how Boards will be able to resolve situations where there is over provision of pharmacy services in an area (paragraph 3.9). The consultation paper gives as possible examples of solutions, the Board providing assistance to contractors to merge businesses or to move to a location where there has been found to be under provision. Both these suggestions are largely consensual on the part of the contractor and it is not clear what would happen in the event that the 'holding contract' were to expire before an agreement could be reached.

We also have concerns that while the proposals address issues relating to geographical access to community pharmacies, they overlook wider issues relating to accessibility such as opening hours, availability in large shopping areas etc. In England, the Department of Health has proposed to introduce a new criteria of "competition and choice" to the current test for pharmacy applications². However, it also describes four types of application that should be exempt from the test:

1. pharmacies within shopping developments over 1.500 square metres;
2. pharmacies that intend to open more than 100 hours per week;
3. pharmacies which are situated within a new one-stop primary care centre; and
4. wholly mail-order or internet pharmacies.

In addition to these exemptions the NHS Confederation has suggested that railways and airports should be added to this list given the particular transitory population that they serve³.

SCC recognises the benefits that these exemptions may bring to the English pharmacy market. We feel that exemptions not dissimilar to these may address some issues of accessibility not relating solely to geographical location in Scotland. We would urge the Scottish Executive to further consider issues of accessibility that are particular to Scotland and what exemptions could be introduced to benefit Scottish consumers.

² Department of Health (2003) *Proposals to Reform and Modernise the NHS (Pharmaceutical Service) Regulations 1992*

³ NHS Federation (2003) *Proposals to Reform and Modernise the NHS (Pharmaceutical Service) Regulations 1992 – Response to Consultation*

Q6 Do you agree that it is desirable to have powers that will encourage and allow innovative ways of providing pharmaceutical services in the future?

This section deals with cross boundary and distant provision of pharmaceutical services, and within this context our response to the question is that we do agree. The SCC feels that the proposals outlined will lead to improved choice and access to goods and services for consumers in these particular situations.

Q7 Do the proposals offer sufficient flexibility for patient choice, convenience and safety or should they go further?

We are satisfied that the proposals made in the consultation document, relating to cross boundary and distant provision of pharmaceutical services, offer sufficient flexibility for patient choice, convenience and safety.

Information for consumers

We would like to make the general point that any modernisation of community pharmacies in Scotland must be accompanied by a public information strategy to inform consumers of the services they can expect from community pharmacies. It should be noted that in the SCC research *Consumer Views of Community Pharmacies* only half (51%) of respondents thought of their pharmacist as part of the NHS. Further publicity work would therefore be necessary to inform consumers of the range of services that community pharmacies can provide.

Conclusions

The SCC welcomes the proposals set out on the consultation paper. In particular we support the Executive's plans to modernise pharmaceutical care services and to introduce a more proactive system for planning the provision of these services.

However, in relation to pharmaceutical care services SCC would like to see explicit mention made of promotion of self-care for minor ailments and advice on finding other healthcare services, as services that community pharmacies would normally be expected to provide.

We also hold some concerns that the proposals only address access issues relating to geographical location. We would recommend that the proposals for modernising community pharmacies go further to include other access issues such as opening times and the provision of pharmacies in certain premises (e.g. large-scale shopping developments, one-stop primary health care centres etc.). The Scottish Executive should consider further what exemptions would be appropriate in Scotland.

Research carried out by the SCC has shown that there is considerable public support for the expansion of services that can be provided from community

pharmacy premises, however, if consumers are to benefit from these services work will need to be done to ensure they are properly publicised.