

Primary Care NHS Trust

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25/06/04
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Date 25 May 2004
Your Ref
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Dear Ms Braham

Modernising NHS Community Pharmacy in Scotland : Consultation Paper

I thank you for the opportunity to comment on the above consultative paper.

This response has been prepared following discussions with local pharmacists representing the Area Pharmaceutical Professional Committee and the Area Pharmacy Contractors Committee; the Community Health Care Division Contracts Manager; an LHCC General Manager and a Community Health Division Finance Officer. Also included in the discussions were the Divisional Chief Pharmacists, Specialist in Pharmaceutical Public Health, Community Pharmacy Adviser for the Community Health Care Division and the three LHCC Development Pharmacists.

In general the proposals listed in this document are welcomed since they will allow NHS Boards to secure community pharmacy services on a more proactive basis and ensure that patients have improved access, based on need, to pharmaceutical services.

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?

No

Other comments

- Paragraph 2.9 : it should be clear that the requirement is for patients to register with a **pharmacy** and only with respect to certain specified services eg. minor ailment service and is not required for all services. It should also be clear that non-registration will not prevent access to a service



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PCT 0001

- Some of the activities highlighted in this section are currently monitored by the Royal Pharmaceutical Society of Great Britain (RPSGB). It is considered essential that in any future monitoring arrangements there are clear lines of accountability and that there is sharing of information between all parties involved in the monitoring. This will be necessary to ensure that practitioners provide and patients receive the intended quality of service
- With regard to Additional Services it would be preferable to have national minimal standards and tariffs with local negotiation limited to further local service refinements.

Section 3 : Planning and 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.

The proposed shift in the NHS Board role from reactive to proactive in securing community pharmacy services is welcomed and is more likely to meet the reasonable pharmaceutical care needs of the local population than the existing arrangements.

The preparation of the PCS plan is pivotal to the success of this proposal and careful consideration needs to be given to those involved in its preparation eg. the involvement of Community Health Partnerships in the planning process would be essential. Consideration should be given to subsequent regulations providing the minimum requirements for the group established to prepare the PCS plan.

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

There are alternative models. For example an NHS Board, after due consultation, could designate certain localities as closed to further applications for a new contract. This would have the effect of rationalising the number of contracts in certain localities and directing applications to localities where there is an agreed underprovision of services.

Other Comments

- There is a concern about 'holding contracts'. This arrangement could destabilise the current distribution of services and discourage investment in new services.
- It is not clear whether 'holding contracts' are a device to facilitate the preparation of the initial PCS plan or whether such contracts would be a permanent tool to allow evolution of the PCS plan over time. If the latter is the case then this may be an disincentive to invest in pharmacy services in the future.
- It is difficult to envisage how 'holding contracts' would work in areas of overprovision especially where there are services being provided by large chain contractors
- While it may be feasible for an NHS Board to facilitate the process of contract relocation by assistance (including financial assistance) the real requirement is the on-going assistance necessary to sustain service provision

- Will the existing Essential Small Pharmacy arrangements be terminated or reviewed?
- There is no mention in the proposals with regard to the minor relocation of a pharmacy service. It would seem essential that there is some flexibility in the proposals to enable a minor relocation to take place without the need to review the overall PCS plan
- It is noted in paragraph 3.17 that services could be provided from 'authorised' premises. Does this infer that pharmacy premises will be both 'authorised' and registered with the Royal Pharmaceutical Society of Great Britain (RPSGB)?
- There would be a requirement for an appeals process to minimise the risk to the NHS Board of having their planning process challenged in court on a frequent basis..

Section 4 : Pharmaceutical Lists

Are there any further actions that would serve to improve clinical governance in the community pharmacy sector and provide patients with an additional quality assurance (eg. having the clinical component of the contract placed with the named pharmacist providing the service?)

It is considered appropriate to have the clinical component of the contract placed with the named pharmacist providing the service. This would assure a consistent level of pharmaceutical care.

Other Comments

- Paragraph 4.4 refers to a requirement that all registered pharmacists are included on the Board's pharmaceutical list. It is assumed that this refers only to pharmacists providing community pharmacy services and does not include pharmacists working in other care sectors eg. hospitals
- Although there is reference to a 'fast track' for registration there is a concern that the proposed requirement could impede the need to act quickly (within hours) to ensure that a service can continue to be provided
- The proposals could prove administratively challenging
- Is there any consideration being given to the establishment of a 'national' pharmaceutical list?

Section 5 : Persons Authorised to Provide Pharmaceutical Services

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

It is considered that the proposed action is a step in the right direction but in itself will not free up, to a significant extent, community pharmacist's time.

Section 6 : Cross Boundary and 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.

Yes

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

The proposals are sufficiently flexible.

Other Comments

- These proposals are welcomed given the technological advances in ordering processes and service delivery
- Fully supportive of the proposal that distant dispensing can only take place where the prescription has been presented at or through a pharmacy contractor who provides a full pharmaceutical care service under the national contract (para 6.10).

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?

None was identified.

Other Comments

- Accept that financial accountability accompanies planning of service provision but it is not clear that the proposals will deliver the financial flexibility outlined in the document
- There is a concern that depending on the size of the global sum and the formula used to share the global sum among Health Boards insufficient funds may be available to provide the full range of services identified in the PCS plan.
- There should be nationally agreed fees for additional services and only where there is a locally enhanced service should additional sums be agreed.

Section 8 : Partial Regulatory Impact Assessment

Comments

- Agree that only option 3 will provide the legislative framework to delivery the Executive Strategy for pharmaceutical care as described in The Right Medicine
- It is difficult to see how the proposals if implemented would be cost neutral.

General Comments

- Although it is stated in the document that except where explicitly stated the proposals do not extend to dispensing doctors there are nevertheless potential implications for the dispensing doctor service and the patients of dispensing doctor practices. It is considered necessary, therefore, that the impact of the proposed changes in legislation on the dispensing doctor service will require to be considered to ensure that there is no adverse effect on the services provided to the patients of dispensing doctors
- The proposals could result in a significant administrative burden for NHS Boards and this should be considered before the final proposals are agreed
- The successful implementation of the proposals will be heavily dependant on a reliable and robust IT system fully maintained and supported on a national basis
- Further consideration needs to be given to the effect the proposals will have on the significant financial investment made by individuals and companies providing community pharmacy services
- It is likely that the financial pressures on the NHS will continue and community pharmacy will not be immune from these pressures. Further consideration needs to be given as to how such pressures will be dealt with without affecting the range or quality of the services being provided
- Care needs to be taken to ensure that the general public's levels of expectation are not raised beyond what the service has the capacity and/or funding to provide.

Also enclosed is the Respondee Information Form.

I confirm that this response is made on behalf of NHS Ayrshire and Arran.

Yours sincerely



Dr A Gunning
Divisional Chief Executive

Enc.

Copy to: Wai-yin Hatton, Chief Executive