

Modernising NHS Community Pharmacy in Scotland

A Response from the Senior Pharmacy Team – NHS Dumfries and Galloway

Introduction

The Senior Pharmacy team in NHS Dumfries and Galloway welcome the opportunity to comment on “Modernising NHS Community Pharmacy in Scotland”. This is clearly a very important document which has the potential to provide substantial benefit to NHS patients as well as significant clinical and financial benefit to the NHS. For these reasons we are supportive in principle of the proposed changes.

We do however have some comments as detailed below:

Section 2: Introduction of the 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?**

An emphasis on improvement of quality and service standards can only be to the benefit of the patient and the organisation. Patients will receive a more consistent service across the country and it is expected that practitioners will become more effective in the delivery of pharmaceutical care. There is a danger however that changes of this nature will add to bureaucracy, which could stifle progress. Serious consideration must be given to this potential, and systems must be developed which at the very least do not add to the overall bureaucratic burden.

Patient registration may be considered to be, at least to some extent, inevitable. However there is concern that this opens up the possibility of companies offering registration incentives as a legitimate business development opportunity. We would suggest that the legislation being developed should prevent this happening. We would even suggest that as ePharmacy is fully developed the need for registration lessens and perhaps would not be required as part of this legislative change.

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

We are very supportive of a move away from the existing unsatisfactory ‘necessary or desirable’ test for new contract applications. In principle we are happy with a proactive pharmaceutical care service planning process. We would need to be assured that the process was universally transparent, inclusive, timely and relevant. It would be more satisfactorily achieved if a national template was available and we would suggest that central guidance is given on how the PCSP should be prepared.

The issues of under provision and, particularly, over provision are fraught with practical difficulties. Although it is not anticipated that over provision would be an

issue in Dumfries and Galloway it is an issue that will cause a great deal of unrest with Pharmacy Contractors. We have no alternative model to suggest and, at this stage, leave discussions with the appropriate negotiators.

Section 4: Pharmaceutical Lists

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

We agree with the proposal that all non-principals should be entered in the Boards pharmaceutical list. We believe that this will improve the services ability to deliver a quality service to patients. We do believe, however, that there must be a system in place which will allow a new non-principal to be rapidly added to the list. This will overcome any possible problems during times of staff shortages.

We agree the contract for the supply of Pharmaceutical Services provided from premises registered with the RPSGB should be held by the Principal. It is our view that they are responsible for the overall service quality and standards and they therefore should be the contractor listed in part A.

Section 5: Persons Authorised to provide Pharmaceutical Services

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

We agree that there should be a relaxation of supervision which would allow Pharmacists to more appropriately apply their skills and knowledge to the challenge of health improvement. However we feel that relaxation of supervision needs to be applied in an appropriate framework which would include SOPs, registration, ongoing training, support and access to advice when required. We feel that guidance should be provided on an appropriate framework.

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

The benefits of the new contract will only be realised if pharmacists are freed from many of the routine tasks which currently take up their time. Automation of the dispensing process will assist, and if this requires distant dispensing of chronic medication, then we would support this in principle. There are however some practical difficulties and potential conflicts which need to be overcome. One clear conflict arises if a contractor provides a 'distant' dispensing service on behalf of a number of other contractors, and the same contractor is also allowed to provide 'in person' services. The commercial knowledge available on the other contractors will give them a clear business advantage. The legislation needs to prevent this type of conflict.

Section 7: Funding of Pharmaceutical Services

- **Are there any other options for assisting the Boards to financially manage the planning and delivery of pharmaceutical care service requirements as proposed at section 3?**

The planning and delivery of pharmaceutical services needs to be carefully managed. It is entirely appropriate we feel that resources should be allocated on a needs based formula, rather than being based on a historical figure.

Consideration must be given to resource required, not only to deliver the new pharmaceutical service but importantly we must also the resource required to effect the change. There will be a substantial resource requirement including manpower, IT, premises, time and finance which will affect successful outcomes if not clearly identified.

Conclusion

As has been said previously we are generally very supportive of the proposed contract changes. There are however many practical problems to be resolved, indeed there are still many unknowns. We as a Senior Pharmacy Team would be keen to play an active role in helping the implementation process succeed. However successful implementation is dependent on appropriate resource.

We hope the above comments are helpful

**Senior Pharmacy Team
NHS Dumfries and Galloway**