



Guild of Healthcare Pharmacists
secretary
for scotland



Secretary for Scotland : Colin Rodden

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2.6.2004

Ms Susie Braham
Scottish Executive Health Department
St Andrews House
1ER
Regent Road
EDINBURGH
EH1 3DG

Dear Ms Braham,

MODERNISING NHS COMMUNITY PHARMACY

Response from the Guild of Healthcare Pharmacists

This letter is sent as response to the above consultation document from the Guild of Healthcare Pharmacists.

The Guild of Healthcare Pharmacists is the representative body of the majority of pharmacists working in secondary care, as well as for many pharmacists employed in Primary Care settings by Health Boards in Scotland. In the context of this report, the Guild has no direct financial interest in the outcome of these deliberations.

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?

It is the view of the Guild of Healthcare Pharmacists that consideration should be given to the following

- Patient registration. Consideration should be given as to which services offered by community pharmacy would require patient registration. For example, chronic disease management requires continuity of care and this would be facilitated by patient registration. Direct supply of medicines to treat minor ailments may not require patient registration, although the current projects **do** require it.
- Alternatively, a smart card with patient registration details that can be accessed via a central database. As more potent medicines are made available over the counter e.g. statins there may be a requirement to record everything supplied or sold to a patient.

- Compliance with agreed standards for infrastructure/premises and service provision. It would be reasonable to expect that legislation would require that services and the premises they are provided from comply with agreed national standards. Whilst the standards themselves would not form part of the legislation, the requirement to conform to them should.

Section 3: Planning & 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?

We agree that the planning process for service provision should be based on locally identified care needs and convenient patient access. We also accept that the adoption of a proactive system for achieving this will be beneficial.

We have some concerns over the proposals for 'holding' PCSP contracts. Would all pharmacies within an area deemed to be over-provided be given 'holding' contracts or would it be only those deemed surplus to the requirements of the area? Will guidance be provided as to how it is decided which pharmacy is surplus to requirements? The method for deciding who would be granted such a contract would need to be very robust and transparent.

We are also somewhat sceptical about the possibility of incentives or financial assistance being provided at a time when most health boards are deeply in budget deficit.

It would appear that there is inconsistency in the need for all pharmacy contractors to provide all of the core elements of the new community pharmacy contract, and the requirement for the Pharmaceutical Care Services Plan to consider locally negotiated services. If provision of all elements of the core services are adequate, but there is a recognised need for locally negotiated services and these services cannot be secured from a community pharmacy, the document stipulates that Board employees may be required to provide them. The managed services cannot be expected to take on such additional work without any increase in resources. Consideration should be given to the potential for limited or partial contracts

The Pharmaceutical Care Services Plan is fundamental in ensuring appropriate provision of service. Therefore, it would be beneficial if legislation existed which defined the processes and components required in the preparation and publication of such a plan. Such legislation should also list the local bodies whose participation in the creation and review of the plan is necessary. This list would include the Area Pharmaceutical Committee, Community Health Partnerships and other relevant groups.

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

A much closer integration of existing community, primary and secondary care facilities would be one way to attain this goal. The patient requires a treatment plan devised by those with knowledge in that particular therapeutic field but which takes account of other health issues. This should be monitored, actioned and modified by those who have the "chronic" care responsibility - with appropriate discussion and knowledge update with the "specialists". There is also the primary "health" issue which is keeping people healthy rather than letting them get sick in the first place and community pharmacy is well placed to carry out much of that role.

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 (e.g. having the clinical component of the contract placed with the named pharmacist providing the service)?

Whilst the system would appear to aid clinical governance, we are concerned that significant problems may arise in attempting to obtain locum cover for community pharmacies. The process of entry to the list will need to be straightforward and prompt to avoid unduly delaying the ability of a pharmacist to work.

There should be **one** pharmaceutical list that is maintained at a national level. That list should specify which health boards a pharmacist is listed to work in. Pharmacists often are employed in more than one-health board area; a single list will facilitate registration and consistency of information held. Boards will be able to interrogate the list for the names of pharmacists registered to work within their area.

The ability of the community pharmacist to electronically access relevant patient clinical information would significantly improve clinical governance. It is impossible to ensure the patient is receiving appropriate medication without a) access to medical notes / test results or b) knowledge of the patient history and that of their medical condition(s). Many pharmacies are able to achieve b) as the patients always return to the same pharmacy. However, those patients who do not use any particular pharmacy on a regular basis are disadvantaged. It would be wrong to ask a community pharmacy to take on an extended role such as chronic care responsibility without access to the patients notes. Treatment decisions based on the limited information available without such access may appear reasonable, but be inappropriate when considered in light of the full patient history and notes.

The cornerstone of clinical governance is competence - are the individuals competent to carry out the envisaged role? How will this be proven in practice? Access to all the patient records is only useful if the individual is able to interpret results and use the information to the benefit of the patient.

Is it envisaged that pharmacists working in hospital pharmacies and what would previously have been Primary Care Trusts should also appear on the list? Paragraph 4.4 mentions the introduction of "a requirement that all registered pharmacists who deliver pharmaceutical services in the area of an NHS Board are entered on that Board's pharmaceutical list." As all of these pharmacists are providing pharmaceutical services in their individual workplaces, must they be entered on the 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?

The potential is there for this to happen, but thought must be given to acceptable systems of work. Many community pharmacies operate with the pharmacist and one dispenser / technician. They lack the staff to operate a system of the pharmacist carrying out a clinical check; one dispenser / technician dispensing and a second dispenser / technician checking the accuracy of the dispensed items. Unless more support staff are employed, the current situation of the pharmacist carrying out the clinical and accuracy checks is likely to continue and there will be no increase in direct patient care time. The Health Department should ensure that funding is structured such that extra qualified staff can be employed. Ideally, there should be a

model of requirement for staffing of a community pharmacy, depending on the size of business, and the services proposed.

The caveat to this is that these staff are not immediately available. There will be a major training requirement to ensure new staff can attain the necessary qualifications and experience.

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?

We would agree that it is necessary to ensure that the changes to legislation do not stifle developments which would improve patient care. As this is a "moving target", we would also agree that regulatory powers are required to ensure that potentially unsafe practices can be controlled. Consideration of any innovation must always be tempered by ensuring it is safe and effective.

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

They appear to be sufficiently flexible and there is no reason why they should not be reviewed at some time in the future to ensure they are still appropriate.

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?

It is difficult to envisage which services Scottish Ministers might decide to limit, so it is difficult to comment on this aspect. There appears to be very limited Health Board control over the funding and very little change from the existing arrangements. The major difference would appear to be the payment of additional sums for an enhanced service. However, as stated previously, the level of budget deficits being experienced by Health Boards gives rise to some doubt about its application.

We consider, though, that community pharmacy should be funded on the services that are provided, and not on volume of work as at present.

Our response may be made freely available.

Yours sincerely

Colin Rodden

Colin Rodden
Secretary for Scotland
Guild of Healthcare Pharmacists

C.c: Mr W. Scott, Chief Pharmacist, Scottish Executive

RESPONDEE INFORMATION FORM

Please complete the details below and attach it with your response. This will help ensure we handle your response appropriately:

Name: Colin Rodden
Postal Address: Pharmacy Department
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1053 Great Western Road
Glasgow G12 0YN

Consultation title: **MODERNISING NHS COMMUNITY PHARMACY**

1. Are you responding as: (please tick one box)

~~an individual (go to 2a/b)~~
on behalf of a group or organisation (go to 2c)

2a. INDIVIDUALS:

Do you agree to your response being made available to the public (in SE library and/or on SE website)?

Yes (go to 2b below)
No, not at all

2b. **Where confidentiality is not requested**, we will make your response available to the public on the following basis (**please tick one** of the following boxes)

Yes, make my response, name and address all available
Yes, make my response available, but not my name or address
Yes, make my response and name available, but not my address

2c ON BEHALF OF GROUPS OR ORGANISATIONS:

Your name and address as respondents **will be** made available to the public (in the SE library and/or on SE website). Are you content for your response to be made available also?

Yes
~~No~~

3. We will share your response internally with other SE policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Executive to contact you again in the future for consultation or research purposes?

Yes
~~No~~