

Control of Entry Arrangements
Scottish Government Health Directorate
Pharmacy and Medicines Division
1 East Rear
St Andrew's House
Regent Road
Edinburgh EH1 3DG

11 March, 2014

Dear Sir/Madam,

We write to respond to the consultation on the Control of Entry Arrangements and Dispensing GP Practices. Many of our points are most relevant, but not exclusively so, to proposals one, seven and eight.

Following our experience assisting the residents of the villages of Tarves, Pitmedden and Methlick, in our constituencies, we believe it is important to respond and inform the decision-making process by highlighting some of the difficulties that they encountered when seeking to protect their local services. With this in mind, it may be helpful to recall these events.

In the absence of a local community pharmacy, causing patients to have serious difficulty in accessing prescribed medicines elsewhere, NHS Grampian required Haddo Medical Group to dispense for its patients from its main premises in Pitmedden and its branch surgeries in Tarves and Methlick. Statistics from IDS Scotland, published in October 2013, show that Haddo Medical Group has 5,058 registered patients who attend its three surgeries across the Formartine area.

NHS Grampian's Local Pharmacy Practices Committee turned down an application for a pharmacy in 2010 from TLC Pharmacy Group, but this was later overturned by the National Appeal Panel for Entry to the Pharmaceutical List.

It should be noted that this decision generated a great deal of frustration at the role of the National Appeal Panel amongst local people. Indeed, we can report that there was a widespread perception, that it would be inappropriate for us to remark upon, that it was unjustly predisposed to approving pharmacy applications. For example, one constituent told us:

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“The so-called “appeal procedure” was a travesty of democracy. There was no proper representation allowed from the community and it was not really surprising that the Appeal Committee...made such an appalling decision”

A subsequent, but entirely separate application, led to an independent pharmacy opening in the village. Following an NHS Grampian review of dispensing services in the area, the medical practice was informed that it would no longer be required to dispense medicines to local patients from its practices. With the contract to dispense NHS prescriptions and other pharmaceutical services accounting for a significant proportion of the Haddo Medical Group's income, this led to the announcement that the Tarves surgery would close on 7 September 2012.

NHS Grampian was firmly of the belief that the national guidelines had been followed and there was no other decision the board could legally come to.

We were therefore in a situation where Tarves had a pharmacy but had lost its surgery, and Pitmedden faced the prospect of having a GP surgery with no local dispensing facilities. We recognise that there are several areas in Aberdeenshire that do not have either service. However, the community saw no reason why they should lose them, particularly given they understood that the planned arrangements would have cost more - not less – money.

We attended packed meetings in Pitmedden and Tarves which demonstrated the strength of local support for retaining the existing three village branch service model. Patients universally believed they had been well served by the availability of prescription medicines at the GP practices.

In accordance with the recommendation of a review panel and the community's wishes, the NHS Grampian Board ultimately decided on 4 December 2012, by a vote of 11 to 9, that Haddo Medical Group may continue to dispense NHS prescriptions in all areas except the Tarves neighborhood, reinstating full dispensing rights from the Pitmedden surgery. This was achieved through a hard-fought and determined community campaign and led to the re-opening of the surgery in Tarves the following year.

It is important to note that we have visited Tarves pharmacy, met the owners Lindsay and David Craig, and know that they are committed to serving local residents.

The problem was not in itself the fact that a pharmacy opened its doors in Tarves; rather it was the implications that it might have for the sustainability of existing health services in the area that was the cause of concern. In this respect, local people clearly believed that the existing regulations were not fit for purpose and that, in failing to recognise the importance of wider service provision, they were detached from local circumstances and did not foster a coherent approach.

Proposal 1:

The Scottish Government proposes amending legislation that will introduce the designation of ‘*controlled remote, rural and island localities*’ for the purposes of considering pharmacy applications in these areas of Scotland and introducing a “Prejudice Test” in addition to the test of “necessary or desirable” (the adequacy test).

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We note that England and Wales operates a dispensing system and pharmacy application process that is based around “controlled localities” - those deemed rural in character and where GPs can apply to dispense NHS prescriptions - and “reserved locations”. A settlement will be granted reserved location status if the total number of patients within 1.6km of a proposed pharmacy is less than 2750. If an application passes certain additional tests and a pharmacy is allowed to open in this area, it allows those in the area to exercise a choice as to whether they continue to receive pharmaceutical services from their dispensing doctor or from a pharmacy, or both.

We believe that the Scottish Government should conduct research into the virtues and disadvantages of this system in order to inform its legislation.

It is clear that, during the experience we have described, the communities in Formartine believed that the current regulations did not strike the right balance and that the regulations should not have allowed existing primary medical services to have been jeopardised to this extent. For example, one told us that “If this [closure] is the case because of legislation, then that legislation is faulty and should be changed”.

Such a proposal, if the system is structured correctly, could help protect the sustainability of the 10 dispensing GP practices in Grampian and others across Scotland.

We believe that it is in the interests of patients and communities that primary medical services in rural areas are not unjustly compromised and that they are given sufficient protection.

Proposal 7:

The Scottish Government proposes that going forward those applying to open a pharmacy, for the purpose of providing NHS pharmaceutical services, should first enter into a pre-application stage with the NHS Board to determine whether there is an identified unmet need in the provision of NHS pharmaceutical services.

This would assist NHS Boards in determining the urgency of the demand for NHS pharmaceutical services identified by the applicant.

NHS Boards Pharmaceutical Care Services Plans would need to reflect an assessment of service gaps and where need is most urgent. Where an application proceeds, the applicant must be able to provide evidence to the NHS Board and the affected communities that every effort has been made to publicise the intention to open a community pharmacy and to consult and obtain responses from residents in the associated neighbourhood. Also, the notice must be advertised in a newspaper and all circulating local news free-sheets and newsletters in the neighbourhood in order to reach the vast majority of residents. NHS Boards will also be required to do the same level of advertising in relation to its consultation activities.

We believe that is likely that our constituents would welcome the prospect of the application process becoming more comprehensible and transparent. Further raising public awareness of an application could encourage more people to participate in the consultation, help inform the local population and enable them to make a more educated judgement on the merits and drawbacks of a proposal. This would have the result of making the community notification, engagement and consultation more meaningful.

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Proposal 8:

The Scottish Government proposes that going forward NHS Boards specify to what extent the views of the community have or have not been taken into account in their published decisions on the outcome of a pharmacy application.

The residents of the villages of Tarves, Pitmedden and Methlick frequently told us that they felt as though their opinions, and the local circumstances they described, were not being taken into sufficient account.

The closure of the surgery in Tarves and removal of dispensing from the Pitmedden surgery, if maintained in the long term, would have undoubtedly had a significant impact upon many local residents.

For example, there are a considerable number of people in Pitmedden and Tarves who do not have a car and would have been forced to depend on the infrequent public transport links to access the pharmacy or surgery respectively. In reality, even those households that do own a single car would have had problems. The pattern of employment in the local area means that by 9am many commuters will have left to drive into Aberdeen, leaving those who work more locally without access to private transport.

The considerable number of more elderly people and young families in the area means that many more people would have had their lives disrupted by the further loss of dispensing from Pitmedden. For example, without a dispensing surgery, visits that could previously be accomplished quickly might have required them to take time off work or school to fit in a pharmacy visit as well. Other Haddo Medical Group patients told us they may have had to delay picking up prescriptions for days under the proposed new arrangements.

We believe that this proposal could provide greater accountability and help constituents understand how such views have been taken into account and comprehend the weight which authorities attributed to their concerns.

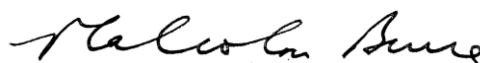
We welcome the Scottish Government's decision to review these arrangements and reflect upon the vital role that dispensing GP practices play in rural communities.

We cannot afford for local circumstances and the varied needs of our rural communities to be overlooked. We hope that the Scottish Government will consider this summary of our constituents' concerns and seek to address them during the development of its proposals.

Yours sincerely



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