

CONSULTATION RESPONSE FORM

Consultation Proposals - Part 1

Control of Entry (Pharmacy Applications) and Dispensing GP Practices

The stability of NHS services in remote and rural areas

General comments on initial paragraphs of document:

Paragraph 1.35 talks about ensuring that people living in remote, rural and island communities should have access to appropriate NHS pharmaceutical services and NHS primary medical services that are no less adequate than would be the case in non-rural areas.

The Dispensing Doctors' Association (DDA) supports this and suggests that as part of consideration of "adequacy" it be recognised that the services provided by dispensing doctors are, at the very least, considered the equivalent of pharmaceutical services. Dispensing practices provide the full range of services from the provision of medicines, the checking of medicines, minor ailment service, emergency contraception etc, as do pharmacists. Indeed the only service not provided in many cases is the sale of over the counter (OTC) medication.

Paragraph 1.36 states that the Scottish Government is committed to ensuring that where patients living in communities have serious difficulty in obtaining their medicines that the dispensing service provided by their GP practice will continue to be available to the communities they serve.

The DDA supports this assertion that the services we provide be maintained. The difficulty will be in the definition of 'serious difficulty'.

Paragraph 1.37 states that, "The Scottish Government's Action Plan for NHS pharmaceutical care (Prescription for Excellence¹¹) gives a firm commitment to explore ways in which rural communities and dispensing GP practices can be further supported by a pharmacist working with the GP practice, and how this can be provided to patients alongside the dispensing service offered by their GP."

The DDA supports the concept of pharmacists working alongside, but there needs to be clarity about how this proposal is to be funded – who will pay for the pharmacists support in rural areas? The cost would eliminate GP practice income from dispensing if burden fell on practices and as such would have the same detrimental impact upon other services as the loss of dispensing itself. The current arrangement of Health Board employed pharmaceutical advisors visiting and supporting all GP practices would be most appropriate, with some additional resources to provide this support.

Paragraph 1.4 states "As discussed in the Action Plan for pharmaceutical care, Prescription for Excellence, in future there will be a shift in emphasis away from the system of Control of Entry for pharmacy applications to one that is based on identified need by NHS Boards. NHS Board Pharmaceutical Care Services Plans will

be central to how NHS Scotland plans, provides and delivers pharmaceutical care and medicines to its communities."

Who is to be involved in drawing up these plans? The DDA believes that the LMC, and local dispensing GPs must be on the group which develops this plan?

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).

Do you agree with this proposal? Yes
Please tell us the reason for your answer in the box below

The DDA supports the proposition, but there will need to be clarity regarding the legal definition and appeals process if a community disagrees with the designation. For example, the recent experience in Cumbrae, Ayrshire, where loss of dispensing led to loss of all GP services and the practice being run by Health Board with locums for a prolonged period of time could well have been avoided had this additional test in place.

Proposal 2:

The Scottish Government proposes that the designation of an area as a ‘*controlled remote, rural and island locality*’ should be reviewed periodically by NHS Boards so that NHS provided or contracted services are responsive to population changes, and changing healthcare needs and priorities both locally and nationally. It is proposed that the review should be carried out at a minimum of every three years.

Do you agree with this proposal? No
Please tell us the reason for your answer in the box below

The DDA would is concerned that 3 years is too short a period. This would mean that practices would have difficulty with long-term planning and this may have adverse impact upon recruitment & retention.

In practice in rural Scotland it is very unlikely that there will be significant change in infrastructure to affect the designation. A compromise may be to include a review every 5 or 10 years, unless there are significant demographic changes that would prompt an earlier review.

Proposal 3:

The Scottish Government is of the view that people living in remote, rural and island areas should have access to NHS pharmaceutical services and NHS primary medical services that are no less adequate than would be the case in other parts of Scotland.

Where the dispensing by a GP practice is necessary, it should be supplemented with pharmaceutical care provided by a qualified clinical pharmacist sourced by the NHS Board to ensure the person-centred, safe and effective use of the medicines. NHS Boards would be required to develop local plans sensitive to local circumstances to achieve this.

Do you agree with this proposal?

Yes

Please tell us the reason for your answer in the box below

The DDA agrees with the sentiment in this proposal, but with the caveat that a decent level of funding must be made available to do this. As noted in the general comments above the question of who funds this pharmacist needs to be answered. 'Sourced by' the Board does not necessarily mean 'funded by' the Board.

Consultation Proposals - Part 2

Wider Pharmacy Application Processes

The proposals discussed in Part 2 apply to all applications to open a community pharmacy whether in a remote, rural or island area, or in other parts of Scotland.

Public consultation and the community voice

Proposal 4:

The Scottish Government proposes that the regulatory framework going forward will look to include a community representative among those who should be notified, as an 'interested party or persons', of any application to open a community pharmacy in the locality. The community would therefore in statute be considered as a body or party whose interests may be significantly affected by the pharmacy application.

This would be a nominated representative from, for example, the local Community Council or the local Residents Association or another appropriate local community representative body recognised by the NHS Board.

As an 'interested party' the community representative would be entitled to make written representations about the application to the Board to which the application is made within 30 days of receipt of the Board's notification of the application.

In addition, where the NHS Board PPC decides to hear oral representations, the community representative will be entitled to take part, together with the applicant and the other interested parties, and would be given reasonable notice of the meeting where those oral representations are to be heard. Once each interested party, including the community representative, has presented their evidence in turn they would then leave the hearing leaving the PPC to consider all the evidence presented.

As an ‘interested party’ the community representative will also have a right of appeal against the decision of the NHS Board PPC to represent the views of the local community.

**Do you agree with this proposal? Yes
Please tell us the reason for your answer in the box below**

In principal, the DDA supports this, but the current regulations allow for community consultation. However, they do not state how that consultation will be heard. This requires clarification.

The legislation needs to include a mechanism for public consultation which may need in very remote areas to include funded public meetings or other mechanisms to allow both the appointment of the representative, and the informing of that representative, of the wider public opinion to avoid a single person’s opinion being presented as the community’s opinion.

Proposal 5:

The Scottish Government is of the view that in the future PPC hearings should be handled in such a way so that no one person or organisation is able to dominate the entire hearing. This might include options such as limiting the time allocated to give oral representations or the issuing of guidance to PPCs. The Scottish Government thinks that all PPC meetings in future should follow a standard process in the management of PPC Hearings.

**Do you agree with this proposal? Yes
Please tell us the reason for your answer in the box below**

We support this proposal. However, great care is needed in setting out the framework and we would strongly recommend that this is done in conjunction with all interested parties including the BMA, the Dispensing Doctors Association and Community Pharmacy Scotland.

Proposal 6:

The Scottish Government proposes that going forward those assisting in oral representations by the applicant, the community and other interested parties in attendance are able to speak on behalf of those they are assisting.

Do you agree with this proposal?

Yes

Please tell us the reason for your answer in the box below

The DDA would support this as it offers a fuller, more democratic debate and opinion.

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.

Do you agree with this proposal?

Yes

Please tell us the reason for your answer in the box below

Other affected parties, for example dispensing medical practices, should be involved in the discussion of unmet need prior to a full hearing.

As stated above there must be a general recognition that the services of dispensing doctors in this area are equivalent to pharmaceutical services, so that the argument that the very presence of a dispensing doctor determines that need is unmet is not upheld in future.

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.

Do you agree with this proposal?

Yes

Please tell us the reason for your answer in the box below

If a community feels that their views have not been adequately heard they should have a right of appeal.

Securing NHS pharmaceutical services

Proposal 9:

The Scottish Government considers that NHS Boards should be able to take into account how NHS pharmaceutical services would be delivered in practice in the long term after an application has been received. This includes taking into account the financial viability of the pharmacy business proposed. This is an important factor in securing these services in the long term.

Do you agree with this proposal?

Yes

Please tell us the reason for your answer in the box below

In considering this, the question of whether the pharmacy is independently viable depends on it being part of a wider chain to be viable needs considered.

Additionally when considering the financial viability of the pharmacy the viability of other local business needs to be considered so that the setting up of a pharmacy is not allowed to destabilise either a local dispensing medical practice, or indeed another local pharmacy.

Timeframes for reaching decisions

Proposal 10:

The Scottish Government proposes that going forward the regulatory framework would require NHS Board PPCs to make a decision within 6 weeks of the end of the public consultation process and the NAP to make a decision within 3 months upon receipt of an appeal (or appeals) being lodged.

In more complex cases the timeframe would be made extendable where there is a good cause for delay.

Do you agree with this proposal?

Yes

Please tell us the reason for your answer in the box below

The DDA supports this proposal and believes that the outcome must be made public to the community affected.

Expert advice and support to PPCs during deliberations

Proposal 11:

The Scottish Government proposes that going forward the regulatory framework would make provisions for the appropriate role of an independent legal assessor acting in a supporting and advisory capacity, including providing advice and guidance on technical and legal aspects of the application process during PPC deliberations.

Do you agree with this proposal?

Yes

Please tell us the reason for your answer in the box below

The DDA supports this proposal, but the question of how this was funded would need to be clarified.