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

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

I very much agree with this change in legislation.

In the case of Millport the pharmacy was allowed to open because it was considered 'necessary and desirable'. There was no thought given to the consequences of the closure of the dispensary and the loss of the revenue to the practice and the domino effect it would have on the medical services on the island. It must now be obvious to all that the income from the dispensary was largely used to fund the out of hours service. There is a huge difference between being responsible for a practice and its patients office hours Monday to Friday and being responsible for a practice and its patients 24 hours a day 7 days a week including public holidays. In the 29 years 4 days we were GPs on Cumbrae there was never a minute without a doctor on call either a partner or a locum paid for by the practice. My husband has a strong sense of duty and felt that if you were a GP on an island you should be willing to be on call for your patients. Now the Health Board considers doctors on call out of hours to be financially unsustainable and the doctors for out of hours are to be replaced by nurses. It takes 10-12 years of training to be a GP, 4 years of training to be an advanced nurse practitioner. We wonder if the population of the island will reduce since people considering retiring to Millport will think twice if they know there is no doctor on call out of hours if they are unwell. There may be an increased reliance on air ambulance for the island out of hours in the future, a service not without its problems, sometimes not available in inclement weather or if already engaged in a call to other remote highland and island areas. Also we have to remember Clutha Bar. There will be no GPs with hyperbaric training for the hyperbaric chamber and I believe there are discussions on what to do with the now redundant facility. More changes are in the pipeline with the closure of the hospital expected sometime in the future. Our practice with dispensary could have been very attractive to incoming GPs. The new facilities in the Garrison were wonderful and the practice was running very smoothly until the pharmacy application went ahead. The first advert for a GP for Millport was placed by the practice in the

BMJ in September 2012, to which there were no applicants. When we do meet any locals they say they wish everything was back to the way it was before and they do not like the proposed changes. A surprising number say they are thinking of leaving the island.

I am very sorry that legislation was not in place before these events were allowed to happen.

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 <u>at a minimum of every three years</u>.

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

This could allow for a gradual change in service involving consultation between all members of the health team. The present arrangements allow an individual pharmacist to bring about sudden radical change of service without adequate consideration being given to the effects of such change.

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 In Millport, we had a team of very dedicated and meticulously careful dispensers. There was always at least one GP in the surgery if there were any queries. The GPs would have been happy for a Health Board sourced pharmacist giving advice and working with the dispensing team in our dispensary. There was a small consulting room near the dispensary the pharmacist could have used for private consultations. In fact that to me would have been a very simple solution to all the problems and avoided the anxiety and misery and confrontation caused to so many by the opening of a separate commercial pharmacy.

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? the reason for your answer in the box below

It is essential that the views of the local community are taken into consideration. In Millport there was a community consultation but then the views of the islanders were totally disregarded. The community will have a greater understanding of the possible consequences of pharmacy opening/dispensary closing.

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

Serious decisions should not be made on the basis of the best orator but on the facts presented.

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.

Applicants tend to have a great deal of experience of legal proceedings at hearings and this gives them an unfair advantage over local representatives from a community. In the interest of fairness, legal representation for the local community would be essential.

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

In order to achieve the best outcome a thorough consultation and examination of the pre-existing situation would seem essential. This should occur in any decision making process.

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

In recent pharmacy applications for rural areas the views of the communities affected have been totally unheeded. This undermines the fundamental principles of democracy.

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

The stability of pharmaceutical services is important but it is also important that the setting up of a pharmacy is not allowed to destabilise a local dispensing practice.

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.

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

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