

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

No

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

GP dispensing is not equal or equivalent in any way to the full access of Pharmacy services (including dispensing) and cannot be considered an adequate way to provide medicines and medicine advice to patients.

GP dispensing is an unsafe and sub-standard service that is not regulated and monitored by the GPhc.

A proposal to protect unequivocal services is completely against Government policy of patients, wherever possible, accessing their medicines via a pharmacy.

Pharmacists train for 5 years to be experts in medicines and there use – why deprive these communities of full access to a Pharmacist's expertise in order to protect GP dispensing income?

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?

Yes

No

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

Too long a time period for continued protection of substandard / unsafe service.

Are NHS Boards qualified to designate such areas? Will the Scottish Government ensure the same area designations are standardised nationally?

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

No

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

“Supplemented” Pharmacist is not the same as having a Pharmacist scrutinise every prescription that they dispense. Where does the funding come from? If the NHS Board are required to pay for this then more NHS money is being wasted on continuing to support a substandard method of dispensing whilst continuing to supplement dispensing GP income. If paid for by the GP practice how do you ensure Pharmacist employee autonomy/independent scrutiny/not influenced by employer GP? How do you ensure Pharmacist is not used for other roles including helping with QOF points/spending budgets etc? What about other Pharmacy services that are provided without any requirement for appointment by Community Pharmacists during and outwith GP consultation times. How will the supplementary pharmaceutical care provide this?

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 No
Please tell us the reason for your answer in the box below

This proposal could place NHS Boards in a complicated position, where the elected community representative may not have the necessary knowledge or expertise to understand the benefits that a community pharmacy can bring to an area.

It has often been the case in recent history where community representatives have a certain affiliation that could compromise the ability for a balanced and informed opinion to be presented.

Can NHS Boards not perform a standardised community consultation to represent the views of the local community, which is reviewed as part of any application or PPC hearing as standard? Thereby eliminating any potential for prejudice or bias via a single point community representative. This would allow a representative view, particularly in small rural areas where voicing opinions that differ from an elected representative can cause issue.

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

No

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

Yes, in terms of standardising the procedure nationally. There should be no variance to how a PPC meeting is scheduled and heard between various Health Board areas. The process should always be the same.

However, proposals to set limits on time are proposals that I do not agree with. Constraints on presenting important information are pressure that should not be encouraged, for any parties involved.

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

No

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

This will elongate what can already be a lengthy and drawn out process. Two points of view for each interested party will dilute oral representations.

Oral representations should be a presentation of written statement and not be distracted from by the potential opinions/interruptions of further parties.

The present system of one representative speaking works.

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

No

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

An NHS Board and their PSCP should not be utilised as a means to dictate where or where not a pharmacy can open, particularly in areas served by dispensing GP's.

PCSP's are used to identify gaps in the provision of pharmaceutical services, and if all NHS Boards have PCSP's which are equal in content and stature, the necessity to enter into a "pre-application stage" is not required and will only elongate the process and allow it to be subject to further scrutiny before an applicant is allowed to present their full case.

With recent history of applications to open community pharmacies in certain

areas making very public news and much political lobbying, a “pre-application stage” will only give NHS Boards a convenient route to take “easier” decisions without hearing a full balanced proposal.

A “pre-application stage” would also preclude the opportunity for a community to be consulted and provided with factual information on the benefits a community pharmacy can bring to the area. This is particularly important in areas where a community has not had the experience of access to the full range of Pharmacy services or has been served by a dispensing GP.

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

No

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

There needs to be a standardised wording in all PPC decision narratives to outline this aspect. It needs to have sufficient weighting, but not to the extent that it impacts on the decision of the expert PPC panel.

Views of the community (if expressed) should be reviewed as a discrete item during the course of all PPC hearings – this should become part of a standardised PPC meeting agenda nationwide.

[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

No

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

I have serious doubts about the ability and qualifications off individual NHS Boards to comment or advise on the viability of a pharmacy business. Pharmacy viability is an extremely complex matter that varies form area to area, pharmacy to pharmacy and between different health board regimes.

As there are so many items that can affect the viability of a particular pharmacy, the only person qualified to be accountable for the viability of a

pharmacy is the applicant themselves, via a robust business plan. Whether this could be incorporated into a pharmacy application in a standardise manner is a matter I believe should be considered.

If this proposal is to be considered or implemented then a similar approach needs to be adopted with regards to dispensing GP's. If a pharmacy application is made in an area where a dispensing GP operates, viability of the dispensing GP should also be considered.

The much vaunted topic of "cross subsidy" of dispensing GP income would require to be fully analysed and disclosed in the same manner any assessment of a pharmacies viability would be.

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

No

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

Yes. The timescale of decision-making could even be quicker than that proposed.

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

No

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

Yes. Again, this would cut down on time and stress involved with adjourned hearings. Require this person to be external from NHS Board and no links to GP or Pharmacist, similar to the NAP chair position.