

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

This will protect existing Community Pharmacies as well as Dispensing GPs. We are concerned that the Application may be stopped at the Prejudice Test. We feel it should proceed to the "necessary and desirable" stage. We also would welcome clarification on the term "locality". Is this replacing "neighbourhood" or is it a separate classification? Clarification is also required on whether the definition is remote or rural or remote and rural?

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

We feel this will be addressed by the regular review of the Board's Pharmaceutical Care Services Plan, provided it is detailed enough to cover the definition of remote, rural, etc.

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

We support the involvement of a pharmacist, but there is no requirement to specify “qualified clinical pharmacist” as all pharmacists fall into this category. We recommend that pre-determined levels are set as to the number of hours the pharmacist should be employed, related to the number of patients being cared for. A description of their role would also be welcomed, including whether or not they would be required for example, to provide MAS, AMS, and carry out Medication Reviews.

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

We feel that every application can get community backing regardless of its suitability and including a community representative on the PPC will put additional pressure on the other panel members. We would require assurance that this person is truly representative and will accurately reflect the views of the community, rather than personal views. If this does go ahead, we feel the community representative's right of appeal should only be on the grounds of a procedural omission, similar to what the Applicant and Representatives can appeal against.

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

We agree that setting time limits would assist proceedings, but propose that this is proportionate i.e. the Applicant may be given more time to present his/her full case, and the representatives slight less time determined by the number of representatives in attendance, as they are responding to specific issues only, raised by the Applicant. We would welcome a standard process for managing PPC hearings.

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

We feel it is important that the Applicant presents his/her own case, from their own perspective, and from their own knowledge base. We have no objection to them being assisted, but do not agree that those assisting can speak on their behalf.

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

We have concerns about who at NHS Boards will carry out the initial screening at the pre-application stage. We would prefer openness & transparency, thus the APC should be involved in the initial screening, then any decisions taken by the PPC. We agree that consultation is vital to every application but feel that a standardised consultation, paid for by the Applicant, should suffice. The current process where the Applicant and then the Board consults is prolonged and leads to delays in convening the PPC.

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

We anticipate that this would assist the public in understanding the process the PPC has to follow, and what weighting it can put against public opinion. We are in favour of this additional openness.

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

- No other primary care contactor's business is subject to such scrutiny
- Community Pharmacy funding is complex, and not all income is from the NHS. The PPC should not be able to judge viability based solely on NHS income.
- We are not aware of who at NHS Board level would be able to assess a new Community Pharmacy's Business Plan.

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

We feel that NAP's timescales should be within one month, with complex cases no more than three months. The definition of a complex case would be welcome. If NAP cannot meet the one month timescale, then it should apply to Boards for an extension.

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

Whilst we agree that a legal assessor in attendance would be beneficial, we see no need for an independent assessor, as this would become costly and could cause delays. We would recommend the NHS CLO provide this function.