

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

National consistency on what constitutes remote and rural is necessary, so level playing field nationally for all interested parties.
Prejudice test will make process fairer and more transparent, instead of the completely biased and fixed in favour of pharmacies adequacy test, that currently exists.

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

Fits with Boards existing requirement to produce a Pharmacy Services Plan and local flexibility will follow from the need to take account of changing demographics. It is important though that all stakeholders' views are represented in local Board Pharmacy Services plans, not just pharmacists.
Three years seems a reasonable fit with other Board planning cycles

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

Recent experience of the devastation of remote and rural General Practices caused by awarding Pharmacy Applications, means this proposal is of utmost importance. The loss of local General Practice in favour of a pharmacy is hardly providing good care on an equitable basis to remote and rural populations. No matter what the legislation currently says, the only way General Practice in these areas is viable is from the extra income generated from dispensing. In reality GPs in these areas provide considerably more as a healthcare package to patients than a pharmacist could ever do. The requirement for boards to develop local plans would not be onerous, given the increasing numbers and role of board employed pharmacy facilitators, in post, their job plans could be expanded to cover this new role.

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

As far as it goes. The PPC model for deciding these applications needs changed, it is pharmacy biased, too limited in its role and remit to consider the bigger picture at play in some of these situations. This Dragons Den type bidding is hard to reconcile with the Governments stated position against increasing privatisation and out sourcing of public services. Other Health Service, Independent Contractors are not required to operate in this manner

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, but as above, the system of managing applications by bidding to a forum of potentially biased individuals is anachronistic and inappropriate in large parts of Scotland. The decision to open a new pharmacy should be driven by the Board Pharmacy Services plan, not by speculative business applications.

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

Completely agree, the situation where the pharmacy applicants can speak and answer questions directly to the PPC yet an interested Dispensing GP has to speak through a third party, is not only unfair, but instantly makes the doctors appear to the voting members of the PPC as being disorganised and less slick than the pharmacists. Often the interested parties know far more factually accurate information that the PPC should know, than the wildly inaccurate facts quoted in application from the pharmacist. Yet this is hard to get across clearly when having to respond through a third party representative.

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

This is how the process should already be operating. This is how a 21st century public service should be organised. The current system's flaws would be greatly corrected by this proposal.

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

As above, this is open and transparent unlike the current arrangements.

[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

This would instantly stop the speculative off the shelf applications currently seen, that promise city centre services in areas where they are simply not financially viable or necessary. By the time the pharmacy has cut it's opening hours, stopped providing all the promised additional services and then folded, the original dispensing GP service has disappeared and can not be resurrected, so remote areas lose a GP, then a pharmacy that replaced the dispensary, so have no services at all.

[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

Ideally though would not need PPC and NAP process if pharmacy developments followed local Board plans

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

For consistency of process across Scotland. It would help deal with issues that arise as technology and practice change in how services could and should be provided to the public.