

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?

No

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

In this response NHS pharmaceutical services relates to National Health Service (Pharmaceutical Services)(Scotland) 2011.

Before starting to respond to this consultation there were a number of overarching principles that Highland Area Pharmaceutical Committee (APC) wanted to submit and these have been included in this section.

- Highland APC agrees with the Scottish Government policy that, wherever possible, people across Scotland should have access to NHS pharmaceutical care services provided by a pharmacist. However, at this time patients and carers are not well informed about what NHS pharmaceutical services they are entitled to have provided by Boards.
- Where possible, it is preferable that NHS pharmaceutical services are provided by community pharmacists and their appropriately trained teams. However, Highland APC acknowledges there will continue to be a need for dispensing practices, which play an essential role in the supply of medicines to patients in remote, rural and island locations. It is important that NHS pharmaceutical care services provided by pharmacists are now extended to these patients as described in the Scottish Government's Action Plan for NHS pharmaceutical care (Prescription for Excellence 2013)
- Patient safety requires that every prescription should have a clinical check, which should be independent of the prescriber and occur prior to dispensing. This presents practical difficulties for some dispensing practices, especially those that are single-handed. Mechanisms to enable this to happen should be investigated.
- We agree that in some cases, it is necessary for a doctor to dispense 'acute unplanned' prescriptions, however systems should be developed to ensure that all repeat medicines are checked and dispensed independently.

- Pharmacists, as the experts in the safe and secure handling of medicines, should be involved in the governance of the NHS dispensing from dispensing practices. Every GP practice should have links with a pharmacist for advice however responsibility for governance of dispensing remains with the GP practice.
- Currently there is separate funding for GP dispensing and the pharmaceutical services global sum. All medicines and pharmaceutical (including dispensing) services should be covered by a unified fund and Boards left to use appropriately.
- There should be a for providing financial incentive to recruit doctors to provide primary medical services in remote, rural and island locations but this should not be dispensing profit.
- Pharmacy Practices Committee (PPC) is outdated and no longer appropriate. Boards should be enabled to plan their delivery of primary care services (including contracted services) in line with identified health needs, in consultation with the public and protected from external changes that could destabilise local service provision, in line with the powers and functions defined in part 3, Section 20 of the Smoking, Health and Social Care (Scotland) Act 2005. An enhanced role for Boards in this way, added to the “controlled” status that will be afforded to remote, rural and island communities, will defuse the professional tensions that have, on occasion, arisen due to uncertainties about future service provision. Freedom from unnecessary interprofessional competition will enable closer professional collaboration and accrue benefits for our patients. However APC realise that there is a need for a pragmatic interim solution and responses to the proposals have therefore been provided.
- The public are not well informed about the difference between a dispensing practice and a pharmacy service.
- Boards should be enabled to identify pharmaceutical care needs, invite applications to meet these needs and choose the best option for delivering them.
- There should be quality standards associated with the provision of NHS pharmaceutical services, including dispensing, which are implemented across all services.
- Innovation, new models of care and the use of technological advances should be enabled for the provision of pharmaceutical care services including NHS pharmaceutical services to patients in all locations.

APC do not agree with the proposal for a “controlled” status to be afforded to remote, rural and island communities. Boards should be enabled to plan their delivery of primary care services (including contracted services) in line with identified health needs, in consultation with the public and while a prejudice test might be a temporary method to protect from external changes that could destabilise local service provision it also has the potential to prevent people who could benefit for pharmaceutical services being provided with them.

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

We do not agree with this proposal as we do not agree with Proposal 1. However if Proposal 1 were agreed and areas designated “controlled remote, rural and island localities” and a prejudice test introduced then regular reviews should be carried out. However the prejudice test should only be implemented as a temporary solution until Boards are enabled to plan their delivery of primary care services (including contracted services) in line with identified health needs and in consultation with the public therefore it is to be hoped that temporary would be less than 3 years.

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

Highland APC acknowledges there will continue to be a need for dispensing practices, which play an essential role in the supply of medicines to patients in remote, rural and island locations. It is important that NHS pharmaceutical care services provided by pharmacists are now extended to these patients as described in the Scottish Government’s Action Plan for NHS pharmaceutical care (Prescription for Excellence 2013).

It would be important to define what qualification would be required of the clinical pharmacists providing this service. Equitable provision of service would suggest that it would be appropriate for community pharmacists to provide a chronic medication service to the patients risk assessed to be most in need of pharmaceutical care.

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

Overall in agreement with this proposal, provided that issues around governance and behaviours are addressed. The nominated representative would be expected to represent the whole community, not just one community council and it might be appropriate for them to be a local councillor who may have experience of participating in oral hearings.

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?

No

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

APC consider that it would not be appropriate to limit the time allocated for representations.

The time required to present a case will vary from hearing to hearing depending on the complexity of the issues.

All parties need to be given sufficient time to feel that they have had a fair hearing.

It should be for the Chair of the PPC to manage individuals where one person or organisation tries to dominate the hearing and ensure all relevant information is heard.

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?

No

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

The person speaking should be adequately informed of their case,

Allowing others to speak could result in legal representatives being used which could disadvantage some parties.

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?

No

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

It was felt that a pre-application stage would undermine the process if it included enabling the Board to decide not to process the application.

The current regulations don't require the applicant to circulate the notice to publicise the intention to open a community pharmacy in all circulating local news free sheets and newsletters. This level of activity is not required to reach the majority of residents.

In relation to advertising, at present Highland applications are published on the news section of the NHS Highland website, Facebook, Twitter, and Community Councils, local councillors, MSPs and MPs are all notified as are local business associations. Highland APC feels that this is an appropriate level of advertising to reach the majority of residents.

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

It was felt reasonable to include information on the extent the views of the community had or had not been taken into account in published decisions on the outcome of PPC considerations of applications.

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?

No

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

Members of APC agreed that there are a lot of factors that the applicant would need to consider in relation to how services would be delivered in the long term and whether their business would be financially viable. In making their case to PPC they would need to convince the lay members of the PPC that the service was sustainable. However the PPC should have to consider the financial viability of the business model as this would include issues outside of the provision of NHS services.

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

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

It would be preferable to have regular national training for PPC members across Scotland in order to imbed a consistent approach.