

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

The use of the remote/rural classification requires careful consideration. It is a concern that using this classification may not be a sensitive enough tool to support decision making. A narrower use of categories are required rather than picking the classifications that only covers dispensing doctors. e.g. In NHS Lothian 10 pharmacies are sustained in accessible rural areas and 5 pharmacies are sustained in small remote towns. There are no dispensing doctors in NHS Lothian
There requires to be an assessment of the current pharmaceutical care provided to patients in these remote/rural areas in any changed process.

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

If a review results in a change from controlled to uncontrolled status there must be agreement that this may or may not mean that a pharmacy is required. The framework for this review must be constructed in a way that makes the decision making quick and transparent.

Supporting / maintaining sustainability of existing dispensing practices and or

community pharmacies should be key consideration . Balance to be achieved in being responsive to changing clinical priorities and models of pharmaceutical care service provision whilst ensuring ongoing provision. Any proposal on clarity of approach to an area where there is a dispensing practice should also take into account the requirements for delivery of Prescription for Excellence.

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

Patients should have access to high quality pharmaceutical care. There is however a tension as to how that would be provided and funded. The accessibility of community pharmacy and the direct link to the patient journey may be considered its greatest strengths. If an area cannot sustain a pharmacy 5.5 days a week what level of pharmaceutical care is deemed adequate and by what model would it be provided. Applicants are currently bound by the hours of service scheme and these must be in force from the outset. Application to vary hours might later be granted but as legislation stands an application for less than the hours of service scheme is not valid and cannot be heard Areas with high number of dispensing practices and rural geography may find it very hard to fill the gaps in 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 No
Please tell us the reason for your answer in the box below

While consultations should be part of development of NHS services this feels like a move away from services based on need. Community pharmacies are often valued by communities and most communities want a pharmacy on their doorstep however this may not reflect need. What would the weight of this representation be? How could we assure a balanced view and no conflicts of interest? If there are no fundamental changes made to the primary legislation to make the process and the legal test easier to understand comments made by interested parties are unlikely to be made with a clear understanding of the processes involved

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

This would ensure a fair and standardised approach.

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

Yes, but only if proposal 5 is in place. What would the limit to this be ? Legal counsel? It would need to be a balanced approach to this so that no party would have an advantage due to the level of assistance they are able to enlist for the hearing

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

If a Board states there is no unmet need in their plan can no application then be made? How does this match up with other proposals aimed at increasing transparency?
Plans tend to function at an NHS Board population level. Applications work on the basis of identifying a very small neighbourhood geography. This geography is not pre-defined nor is it feasible for a Board plan to describe the need for every small area geography in their plan. Huge resource would be required to do this. How can these things be reconciled? In addition gaps may not require an additional pharmacy contract but an increase in pharmaceutical care capacity – there is currently no allowance for this approach in legislation. Again there is a potential over reliance on the views of a few rather than of need. How does this method of issuing NHS contracts compare with other independent contractors?

There needs to be greater guidance as to what is expected from the applicant around responses from residents and the quality of the collation of these responses that should be shared with the board and at the hearing. It is important that you are aware of the question asked and the manner in which it was asked to be able to rate the response. Leading questions are a big issue. There is no guidance for applicants as to how they are expected to report this back or even perhaps if they have to respond back and certainly not in a standard format

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

This does not seem a realistic option. What weight should those views have on provision of NHS services? For example 100 people out of a population of 5000 people is not a majority view. If the community want a pharmacy and they get it their views have been heard. If they want one but no need can be demonstrated does that mean that their views have been disregarded?

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

How will NHS Boards assess financial viability of a pharmacy? There would need to be well developed criteria. I would suggest this requires specific business / financial expertise to make any such decision. The expertise to assess this for a community pharmacy may not exist in a Health Board. Currently a community pharmacy may be viable on additional business not just NHS business. How can an NHS Board assess this? The NHS Board cannot foresee the future and the financial viability of a pharmacy is for the owners to determine.

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

There is a 60 day public consultation period I think so the board could start setting a date on receipt of the application giving them 14 weeks in total. I don't think that is unreasonable but there might need to be a clause for unseen circumstances. If an NHS Board had to appoint a whole new panel then the timescales could not be met

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

This may add to timescales adopted on proposal 10. What would the incremental cost of this development be? If this was adopted then the applicant should be responsible for payment for the provision of this resource.