

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

From NHS National Services Scotland's perspective of supporting the National Appeal Panel and, more recently, PPCs , we believe that it is necessary to build in additional tests for these complex cases. It would assure the community and the GP Practice that detailed consideration was given to their unique circumstances.

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

It should be reviewed periodically as area population changes in size and demography (and consequently need) can occur rapidly with new housing developments.

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

Dispensing GPs only have qualified dispensers rather than qualified pharmacists in their practices. This therefore may impact the equity of pharmaceutical services provide to local communities.

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

Community involvement is importance but, in order to ensure that views are representative, participation in this process should be limited to local community representative body recognised by the NHS Board.

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

Although there is a standard format for the running of PPCs currently, in our experience, each Board tends to do things in a slightly different way. Greater consistency would support balanced hearings. Limiting the time allocated for oral presentations would allow sufficient time for questioning on the points made.

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 have concerns that this may add to the length of the hearing and, if not managed carefully, has potential to put parties who are not assisted at a disadvantage.

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 believe that such measures would help reduce unnecessary applications in situations where there are adequate pharmaceutical services already in the neighbourhood.

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

PPC minutes currently record that the views of the community have been taken into consideration. Where the decision of the PPC goes against the views expressed by the community we believe that it would be helpful to give a fuller rationale for the decision.

[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

Although not currently in the regulations as part of the statutory test, in our experience, PPCs ask about the financial viability of the pharmacy business proposed and about its potential impact on those pharmacies currently serving the community.

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 believe that this would be an important change to make, particularly for the applicants who, in many cases, are incurring costs on their proposed premises whilst waiting for a decision to be made.

We also believe that it would be helpful to provide examples of what would constitute a good cause for delay.

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

The amendment regulations of 2011 prohibit Board staff from the primary care department from attending the PPC to provide detailed guidance or even basic administrative support. This is to guard against perceptions of bias.

This has presented challenges in ensuring that their PPCs receive adequate and timeously advice on technical and legal aspects.

Whilst training of PPC members is provided, there is often insufficient volume of applications to build up expertise in these aspects.

An independent legal assessor could provide that but may represent an additional cost to Boards.