

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 X

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

The necessary or desirable test has not worked as is obvious from the controversy and misery that has been inflicted upon rural and island communities since the Control of Entry Regulations were introduced. If the legislation reflected what happens in other parts of the UK, for example, where there is a population of 2,750 or less then the GP dispensary would not be required to close if a pharmacy opened. This puts the onus on the pharmacist to make their decision with regard to expected profitability.

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 X

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

If this is introduced it would be a retrograde step and would offer no confidence to either the GP dispensing practice or the communities which they serve. The Wilson Barber report commented on the destabilising of GP services and this proposal would only continue with the current state of uncertainty which the review is hopefully trying to remove.

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 X

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

Far too vague and open to interpretation and opinion. The existing GP dispensing practices are obviously necessary yet they are continually under threat. If this proposal is suggesting that NHS Boards would require to fund a qualified pharmacist without affecting the GP dispensary then the proposal should indicate this.

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

You are simply confusing the issue. It makes no difference if the community oppose a pharmacy opening and the GP dispensary closing. The three PPC members must only make their decision in consequence of the legislation in force at the time. Changes to the legislation are necessary to protect GP services and the communities which they serve.

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

The current practice is heavily weighted in favour of the pharmacy application which is evident when you read past adjudications. The fact that a GP whose practice is at risk is not allowed to speak is absurd and also that the hearings are held in camera is a nonsense. Protect the GP dispensaries and there would be no need for a GP to be involved and let the pharmacists debate it between themselves.

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

This ties in with Proposal 5. But, it is the basic legislation that requires to be amended as it is not fit for purpose.

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

Most of this happens at the moment. The Health Boards are required to act under the current legislation. If an assessment has to be carried out, who will make the assessment? Who decides if there are gaps? You are just adding to the confusion and uncertainty. Change the legislation to protect GP dispensaries.

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 X

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

Irrelevant. If a community has a pharmacy imposed upon them and their GP dispensary closed with a resulting diminution of health care do you really think they will feel happy and content that they know to what extent their views were considered. This is just a fudge.

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 X

No

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

Millport is a classic example proving that the legislation is flawed. The legislation was enforced with dire consequences which, after more than four years, is placing a heavy burden on Ayrshire and Arran Health Board's funds. The pharmacy, I believe, is also finding profitability somewhat less than was anticipated. Providing the GP dispensary was protected it would seem reasonable to consider the viability of a new pharmacy.

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

It is important that the decision is reached as quickly as possible and also that any appeal is heard and dealt with swiftly. Of course, this would be in reference to pharmacy applications that offered no interference with a GP dispensary but as to whether a new pharmacy would impact on the profitability of existing pharmacies. Whitlawburn in Cambuslang is just such an example where, it seems, existing pharmacies in the neighbourhood have opposed a new pharmacy application even although the community wanted a pharmacy and suitable premises were available.

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 means that the legislation is far too complex if it requires a solicitor to explain it. Simply make the legislation more user friendly. This would even save on the expense incurred in providing legal guidance.