

## **Applications to Provide NHS Pharmaceutical Services**

### Response to consultation on the Control of Entry Arrangements and Dispensing GP Practices

#### **1 Background**

- 1.1 The Scottish Health Council was established in April 2005 to promote improvements in the quality and extent of public involvement in the NHS in Scotland. It supports and monitors work carried out by NHS Boards to involve patients and the public in the planning and development of health services and in decisions that affect the operation of those services. The Scottish Health Council is part of Healthcare Improvement Scotland.

#### **2 General**

- 2.1 The Scottish Health Council welcomes the opportunity to respond to this Scottish Government consultation. Our interest relates to how the public are involved in the process of considering applications to provide pharmaceutical services and our comments relate directly to section 2 of the consultation document.
- 2.2 The Scottish Health Council has a network of 14 local offices across Scotland (one in each health board area) and a National Office in Glasgow. Through our local office network, we are aware that there has been, and continues to be, significant public interest in pharmaceutical services' applications. Our experience is that patients and the public often view the current application process with some suspicion and question its transparency. The Scottish Government's attempt to address issues related to engagement on pharmacy applications is, therefore, welcomed.
- 2.3. NHS Circular PCA(P)(2009)11 currently states that "*NHS Boards may wish to seek advice from the Scottish Health Council on public consultation*". Given our experience and advice to date and going forward, the Scottish Health Council would welcome further discussions with the Scottish Government on how we may lend support to the pharmacy application process.

### **3 Response to the proposals**

#### *Proposal 4*

- 3.1 The Scottish Health Council supports the principle of introducing community representation in to pharmacy applications. We would suggest though that further thought is given to the idea of having a single person whose role would be to represent communities' views. We would also advocate clarity on who would be responsible for deciding who the representatives should be and, moreover, how they would be selected.
- 3.2 Our experience is that in some areas different bodies and community groups with an interest in pharmacy applications do not always agree. Quite often these are 'played out' through local media which can further hamper discussion on the legitimacy of the application. It may be worth considering, therefore, how the nominated representatives would gather the community's views. We would be prepared to offer further thoughts and ideas on this based on the Scottish Health Council's past involvement and experience.
- 3.3 All NHS Boards are required to have Public Partnership Forums whose membership is made up of representatives of the local community. Community representation in pharmacy applications could be drawn, for example, from Public Partnership Forums with say a further 2 drawn from local community groups (including the Community Council). The role of Public Partnership Forums (PPFs) is to consider health issues so they are best placed to offer a valuable insight to any pharmacy application especially those who are 'local' to the application area.
- 3.4 In the interests of transparency, the Scottish Health Council recommends that all interested parties (nominated representatives and those making a pharmacy application) are present when the Pharmacy Practices Committee (PPC) considers the evidence rather than being asked to leave the meeting. An alternative approach could be to invite representatives back in to the meeting with the PPC to hear of the decision and the reasons for it.
- 3.5 We suggest information should be developed to support the decision making process for the public. This should clarify what is and what is not considered as part of the decision making process to allow for informed views

#### *Proposal 7*

- 3.6 The Scottish Health Council welcomes the Scottish Government's acknowledgement that some communities question the transparency of the current application process and the attempts to make it more robust. In that context, the need to demonstrate from the outset that there is an 'unmet need' in the community before any application can be considered is welcomed as is the need to actively advertise applications.

- 3.7 Notwithstanding the above, it seems that responsibility for the pre-application stage rests solely with the NHS Board. In other words, if the NHS Board determines that there is no unmet need then the application does not progress any further. The Scottish Health Council would recommend that the public are involved at such an early stage to determine their views during the pre-application stages and the feedback is then used to inform the decision.
- 3.8 In order to strengthen the need to consider local communities needs we suggest a form of Equality Impact Assessment or Health Inequality Impact Assessment is required to support the application process. This will assist in demonstrating that local communities needs have been considered and any identified steps taken by the applicant to address these.
- 3.9 We would recommend that the internet and social media should also be considered alongside the suggestion of newspapers and newsletters as methods of communicating the consultation proposals and decisions.

#### *Proposal 8*

- 3.10 The Scottish Health Council strongly agrees that NHS Boards should show how the public's views have been gathered and taken into account and the results published.
- 3.11 Given the Scottish Health Council's role in promoting public involvement and gathering community views, combined with our experience in pharmacy applications, there may be a potential role for us in gathering the views of at least some of the local populace to feed into the process. In most health board areas in Scotland we have local contacts which could be used to gather an 'independent' view on pharmacy applications; this could be used to help support the 'nominated representative' proposal. Again, we would welcome further discussion on this.
- 3.12 Further consideration should be given to developing a standardised process from which NHS Boards can follow in coming to their decision on whether the views of the community have or have not been taken into account. The Scottish Health Council currently provides this role with service change and would be willing to share our experience on this.
- 3.13 We also recommend that feedback is provided to respondents and interested parties in a structured way as matter of course. Providing information on the outcome of the decision would assist in fostering greater transparency as we acknowledge through the document that this is highlighted as an issue to be addressed.

#### **4 Further information**

Further information about the Scottish Health Council can be found on our website [www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org) Any queries regarding this response should be directed in the first instance to Christine Johnstone, Community Engagement & Improvement Support Manager, Scottish Health Council, tel: 01592 200555 or email: [christine.johnstone@scottishhealthcouncil.org](mailto:christine.johnstone@scottishhealthcouncil.org)

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