Forgive the last minute response and my inability to get online response system to work.

Annex C: You may use my responses publically. You may use my name, but please do not use address.
Mrs. Sharon Gunason Pottinger
You may share information with other government agencies.

Overall comments:
Thank you for referring me to Wilson and Barber independent review. If the amendments in 2011 had more closely adhered to their recommendations, much of the current reaction and disaffection could have been avoided.

I think the current proposals offered also fall short of the transparency, accountability, and community engagement I would like to see. (Specific comments follow). I was obliged to say No in some cases because they fell short of the mark or lacked specificity although I agreed in principle with what appeared to be the intention of the change.

As Pharmaceutical Care Services Plans are going to become the 'main vehicle for planning, procuring and provision of pharmaceutical care' how can we ensure that there is community engagement and transparency in this process?

Proposal 1: Yes
Current legislation is inherently ill suited for delivery of care in rural areas, as was noted in Wilson and Barber.

Proposal 2: No

Review should be event driven not set to a schedule.

Proposal 3: No

NHS boards cannot be trusted to develop 'local plans sensitive to local circumstances.' Further, what is 'clinical pharmacist'? I thought we were talking about community pharmacies. This seems like a new term.

Proposal 4: No

Although I agree in principle with community representation, your proposal is half hearted. One person--nominated by whom? and what is meant by 'balanced' viewpoint. I think you mean *representative*. In our own local example, even the applicant had to concede that only one response out of more than a hundred he received had been for it. Since he was self reporting I personally suspected that he made that one up.

Proposal 5: No

Again, while I agree in principle with the intention for broader representation, without knowing what the standard process is, I am unwilling to say yes.

Propsal 6: Yes

I agree with this in principle but again I would like to see the specifics.

Proposal 7: Yes

Should also include online community information sources such as caithness.org, emails to community councils and community bulletin boards.

Proposal 8: Yes
Current application process feels like being railroaded. PPC and NHS boards have no accountability for their decisions in current framework. There is deep disaffection and skepticism about so called public consultations. This could help redress that perhaps.

Proposal 9: Yes
If a new community pharmacay sets up and fails, the community loses everything. This has been greatest fear here locally. Any business venture, and that is what a community pharmacy is, needs to be able to identify how it meets an otherwise unmet need and can meet that need successfully--which includes economic feasibility. Hopefully, this could be dealt with in newly proposed pre-application process.

Proposal 10: Yes
Timely decisions are as important as transparent ones. I like that there is the option for extendability as necessary though I would like to see what/why conditions would require this or how it would be determined.

Proposal 11: No
Those making the decision should be briefed beforehand and have a good understanding of their role. If they are not able to make a decision without coaching, then either information presented is muddled or they are the wrong people for the job. In my mind, the analogy is that of a judge instructing a jury.

Thanks for the opportunity to respond. I have learned a great deal in the process. Having been on clinical trial review boards in the United States and worked as quality compliance officer in a pharmaceutical company, I appreciate how much effort it takes for non-specialists to evaluate complex decisions, but I also know that it can be done and it is important.

Sincerely yours,

Sharon Gunason Pottinger

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