

## 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

I feel that rural communities should be supported to keep their local dispensing services at their GP surgeries. Especially where it is neither necessary or desirable for a new pharmacy. The wishes and voices of the local people/patients should hold the utmost importance in any consideration.

###### 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

I do agree that there is need for a review of services periodically. However, I feel that 3 yearly is too short a space of time. 5 years would be a more realistic and manageable time frame.

###### 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

While I feel that it is necessary to have patient centred safe care with the provision of pharmaceutical services, I feel that so long as the dispensing staff have been trained/ qualified in this practice they are competent and safe to do so. They will also be more financially resource full than a Pharmacist. The practice has the added security of safety with providing this service by having qualified Doctors and nurses on hand Thus ensuring safe medicine management/ reviews etc

## 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

They will be able to be the voice of the local people, giving us autonomy.

#### **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

At present the considerations given to new pharmacy applications for rural areas appear to be a rather closed cohort event with little scope for the democracy of the people with in rural environments.

#### **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 will aid in giving a clearer overall picture and thus a deter informed choice/decision.**

**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**

**This would make for a more cohesive type of service consideration.**

**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**

**Yes this will help to give the local populous an audible voice again. Thus promoting democracy within the local area.**

### 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**

**Someone needs to be accountable for and effectively manage the purse strings. When this happens within a doctors surgery then the responsibility should be the practice manager.**

### 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

Each application should be individually evaluated and thus the timeframes. The timeframes should be no shorter than those proposed.

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

Who for?