

COMMUNITY PHARMACY SCOTLAND

RESPONSE

To a Consultation Document on a Local Healthcare Bill

Elspeth Weir
Head of Policy & Development
Community Pharmacy Scotland
42 Queen Street,
Edinburgh, EH2 3NH
0131-467-7766
19 March 2008

Who we are

Community Pharmacy Scotland (formerly known as the Scottish Pharmaceutical General Council) is the body recognised to represent Scotland's 1198 community pharmacy contractors in negotiations with the Scottish Government on remuneration and terms of service relating to the provision of NHS pharmaceutical care services. Within our membership we represent all types of pharmacy, multiple or independent, situated throughout Scotland including a number of pharmacies in remote and rural locations.

Our prime focus in recent years has been the development of a new contract for pharmacy contractors, one which will call for the delivery of new services, potentially in novel ways, but continuing to place emphasis on the opportunity which community pharmacy offers in terms of access for patients to healthcare services.

For many members of the public their visits to a community pharmacy offer their only interaction with the NHS in Scotland. Community pharmacies offer services valued by those who are ill and have formally entered the "NHS" system. We also provide a service for those who are well but may wish to use a pharmacy to self-care in relation to minor ailments or public health measures or simply to make a purchase of toiletries.

Public input to the provision of pharmaceutical care services is most visible through the input of lay members to the deliberations of each Board's Pharmacy Practices Committee or to the National Appeal Panel. These bodies determine whether an application for the granting of a new contract to provide pharmaceutical services is "necessary" or "desirable".

Summary

Community Pharmacy Scotland is supportive of the need to encourage effective patient and public involvement. The views of patients are important to ensuring that service delivery meets the needs of patients but where we struggle is how you achieve that in a way which is consistent with good governance arrangements.

It seems to us that there is a fundamental need to examine how the public/patients build up their knowledge of the NHS in order to be in a position to engage meaningfully. Currently NHS Scotland has a small cohort of Board members who have built up detailed knowledge of the business of the Board and who must bring an impartial assessment to any deliberations.

The public/patients frequently choose not to engage until it is of particular relevance to them i.e. they are not impartial. We therefore do not think it is helpful to debate direct elections to Boards until such time as more information is made available on how best to secure meaningful involvement. There has to be greater analysis of what currently happens and ways found to take best practice forward.

Consultation Questions

Section 1: Making Things better – this section seeks your views on how the role of patients and communities in deciding how NHS services in Scotland are planned and provided could be strengthened through augmenting existing policies, within the current framework of appointed NHS Boards.

Do you think the current proposals for independent scrutiny of service change proposals help achieve the aim of better engaging and involving local communities?

That's difficult to answer at this time due to the lack of evidence. Will it be the actual independent scrutiny process which raises engagement or will it be greater engagement prior to independent scrutiny?

How could additional guidance to NHS Boards on making public consultation as effective as possible achieve this aim?

What work has taken place to assess what is effective?

Would the appointment of more lay members to NHS Boards – perhaps to directly represent patients or other groups – help to achieve this aim?

Would such people be lay members – would they not be stakeholder members?

In particular would adding more local authority councillors (one councillor from each local authority whose area a Board serves is currently appointed to that Board) help achieve that aim? Could local authorities have a role in scrutinising public and community engagement?

There might be a role for local authorities in scrutinising the level of engagement. The addition of more Councillors to the NHS Board would have to be set against the ability of the local authority to continue to carry out its functions effectively. Members of the public have to be made more aware of this particular function for Councillors.

Should we develop further the role of the Scottish Health Council to bring about more effective engagement and involvement? If so what additional responsibilities could the Council take on and what would the benefits be?

There seems merit in exploring this possibility further. That might encourage the building up of expertise in working out how engagement should take place. SHC would require to be appropriately funded.

How could the Public Partnership Forums associated with CHPs encourage greater public involvement?

This is unlikely to happen unless the public has a particular interest in what is being discussed and is willing to give up time to participate.

What other measures could be introduced to increase effective engagement and involvement of the public with the NHS in Scotland?

The key word here is effective engagement. Too often engagement takes place only where there is a personal interest. There is a need to build up knowledge of how the NHS operates.

Section 2: A new approach – this section asks for your views on changing the current framework so that NHS Boards have directly elected members, with the aim of bringing about greater patient and community involvement in planning and delivering local health services.

We note that the proposed Local Healthcare Bill could provide for direct elections to territorial Health Boards. We are not in favour of the introduction of such a system for the following reasons:

- We would wish first to see greater evidence of patient knowledge and informed engagement
- We see no need to depart from the inclusion on the Board of different categories of membership.
- We consider that the introduction of direct elections would lend itself to the promotion of particular individuals or sectors.
- We think it would be harder to maintain good governance arrangements
- We consider it would be more difficult to provide consistency of services
- We consider the costs of setting up such a system to be difficult to justify.