

“Modernising NHS Community Pharmacy In Scotland”

A response from Lothian Pharmacy Contractors Committee

Section One

Does not give proper recognition to the true funding mechanisms of community pharmacy. This needs to be acknowledged for the new contract and required legislation to be effective.

Section Two

Will reducing competition for dispensing volume impact on the quality of service offered to patients? It is good news that the new contract will recognise and develop services already offered by pharmacies but the dispensing role must continue to receive appropriate remuneration.

The requirements listed in paragraph 2.10, if they are in addition to the requirements of current legislation and demands of our professional body, will place an unacceptable administrative burden upon pharmacists. We already comply with many of these requirements under different guises and this must be recognised and accepted.

Section Three

When considering the provision of pharmaceutical care services, it must be acknowledged that dispensing doctors provide none of the benefits offered by pharmacists in addition to the supply of medicines and the area should automatically be flagged as one of under-provision.

The granting of holding contracts in areas of over-provision is unacceptable. This destabilising effect will have dire consequences on the investments of proprietors and thus the pharmacy network.

As boards have the power to designate areas of over and under provision they must have strict criteria to consider allowing a transparent decision making process. For contested decisions, there must also be a robust appeals procedure.

Whilst boards in future are expected to be more pro-active in the planning of pharmaceutical care services it must also be recognised that private parties may continue to discover areas of under provision and apply for contracts. If a private party does so it would then be unacceptable to offer the contract to a nearby holding contract - this would stifle attempts to identify need. There must also be input from contractors in the area to determine the level of provision and boards must be accountable to contractors and the SEHD for their decisions.

If boards fail to secure a provider of pharmaceutical services in an area of identified need then self-provision would be an unacceptable solution. We believe it would be wiser to consult with contractors and address why the tender was unsuccessful then take steps to redress this.

Section Four

Due to the importance of locums to most pharmacy businesses it would be folly to limit the ease with which locums can move between different boards. Whilst registration with a board meets with clinical governance requirements, once a locum is registered with one board they should be able to work in all boards in Scotland. Where possible, additional training for local schemes should not be board-specific but transferable across boards where similar schemes are in place.

There must also be a rapid registration process to deal with any emergency situations that may arise. If a sound mechanism were not in place then the closure of pharmacies when a locum is unobtainable would lead to an unacceptable disruption of service to patients.

Section Five

This amendment is crucial to allow pharmacists to devote more time to patient care. However, to safeguard the high accessibility of community pharmacists to patients, it is imperative that one pharmacist can only ever be responsible for one shop; remote supervision is unacceptable.

Ideally, a pharmacist will always be in the pharmacy during opening hours but there may be some instances, for example domiciliary visits in rural areas, where exceptions should be made.

Section Six

These proposals are currently of great concern to many pharmacists as much of our recognised remuneration derives from the purchasing of medicines in the dispensing process. It remains to be seen how the new contract will change this.

Centralised dispensing may disrupt the fast and efficient dispensing process which patients currently enjoy. It would mean fewer patients could wait for their prescriptions and twice daily delivery by wholesalers may be jeopardised as orders are reduced.

It is desirable to have powers that will encourage and allow innovative ways of providing pharmaceutical services but this proposal appears to have already decided what that innovation will be!!

As regards the provisions of cross boundary services (i.e. dispensing to a patient registered in another board area), will these lead to increased administration by contractors?

Section Seven

We are pleased to see a pace of change policy in the document and believe that ten years is an appropriate time scale. However there also needs to be recognition of the

increased workload, investment and training that is being undertaken to prepare for the introduction of the new contract.

Where boards can pay additional sums for enhanced local services, will this be consistent across boards?