

Western Isles NHS Board Area Pharmaceutical Committee

MODERNISING NHS COMMUNITY PHARMACY in Scotland

The above document was discussed at our recent APC meeting and would make the following comments:-

The documents refers to the new Pharmacy contract. However the details of this are incomplete and discussion between parties is continuing this therefore makes meaningful comment difficult. Overall we support the concept of the new contract which moves away from "volume dispensing" to enhance the quality of service provided, if adequately supported. This must be fully investigated before moving forward and hope that wide circulation list will ensure all aspects examined. Ultimately it will depend on the availability of resources.

The main areas of concern are:-

- (i) The detail and format of the new contract, although accepting changes offer possibilities for service enhancement. It is important that details of contract and funding are finalised before any changes are implemented. There is no mention of Supplementary prescribing or Compliance aids in document. A contract which moves away from the present system of volume dispensing is preferable and provides scope for improvement. It is a fundamental change to the approach if Boards are to decide service requirement and on what basis will criteria be based (e.g. Convenience)?
- (ii) Possible changes to "holding PCS contract" despite response to patient survey indicating 90% satisfaction with location of service. Indicates only minor adjustment may be required in certain locations.
- (iii) Implication of longer hours of service. This may be one of contributing factors to shortage of Pharmacists as more staff required per Pharmacy to cover extended hours
- (iv) Section 6 - "Cross Boundary and Distant provision of Pharmaceutical Services" appears contrary to declared aim of improving patient care with full range of services locally.

On specific items of the document the following were highlighted:-

Section 2 – Difficult to comment until details of the service required are published and ensuring funding matches the demands.

- 2.8 Are the various standards envisaged in excess of current the requirement? If they are greater who will be responsible for the training and funding required? It will be necessary to have more detail to see impact on business.
- 2.9 Will national standard operating procedures and protocols be introduced? The provision, maintenance and training required for IT connections must be undertaken and funded nationally to ensure compatibility. Current provision is from commercial sources and funded by individual practitioners. Since current contract requires prompt dispensing service this technology must be reliable with well supported maintenance.
- 2.10 These new requirements demand that Pharmacy services enjoy the support and facilities of other NHS staff with regard to training and protected time to undertake these duties. More detail required on format and cascade of "Adverse incident reports". Adopting a no blame scheme to ensure full staff cooperation to the eventual benefit of the NHS.
- 2.11 Without knowing whether this is a fully comprehensive list of the service terms makes it impossible to envisage the implications.

QUESTION (page 9) Require to include Pharmacy service in the NHS structure as other disciplines if taking responsibility for provision of service. Currently the service is based, funded and subsidised as commercial venture, any changes must face the staffing and funding implications.

Section 3

- 3.7 Replacement of "necessary and desirable" test for control of entry to list to be replaced with a more objective assessment. How is this assessment to be derived, will mere convenience of access to a service be deemed preferable?
- 3.9 "Holding Contract" – there is no definition of the terms of this contract or access to appeal. This may de-stabilise the service and discourage development of services and premises. What is the extent and time-scale of the incentives for relocation of services if put into action and would these reduce competition and range of services.
- 3.10 Provision of service by the Board if unable to place contract- would this offer unfair competition with key services provided from non commercial properties with financial benefits involved e.g. Secondary Care premises?

QUESTION (page 12)

- (i) They may offer a way of ensuring patients have convenient access but not necessarily a practical solution and it may not be a comprehensive service.
- (ii) The service to be taken out of business sector and funded directly by a Board as a service e.g. NHS Pharmacies or via Secondary care.

Section 4

Accept registration of Pharmacists on Board list but it could prevent employment of Pharmacist in an emergency in this location. Not sure how "fast-track" system works but envisage situation where services may have to be temporarily suspended as no available "listed" pharmacist available. Will responsibility for inclusion on Board list be with the individual together with accuracy of information (NB. Emergency locum staff). What is format of registration details and how will lists be maintained?

QUESTION (page 14)

Yes – National standards of assessment for competence. This would need changes to enable Pharmacists protected time away from commercial environment, as other health professionals, in order that they have an opportunity to undertake appropriate study and training.

Section 5

Caution with the change of direct supervision to supervision. While this would provide more time to undertake other duties but the responsibility still rests with "listed" Pharmacist. The introduction of checking technicians may relieve some duties but legal responsibility and ultimately professional accountability is with listed Pharmacist and any failure may lead to loss of livelihood (This is no reflection on ability of checking technicians).

QUESTION (page 15)

Yes BUT responsibility for omissions and errors lies with Pharmacist which is not acceptable therefore not a practical option. Alternative to ensure service able to support at least two Pharmacists or remove duties from contract which do not require Pharmaceutical expertise.

Section 6

Appears to be contrary to aim of document to improve access to full range of facilities in location.

6.10/6.11 Could this lead to selective lucrative services removed from locality and undertaken remotely, where overheads less, with subsequent loss of business viability and reduction in local facilities.

6.13 Unknown issue and therefore unable to comment but presumably investigations will be undertaken to evaluate and regulate (see examples).

QUESTION (page 18)

(i) Yes but not in the format of section 6 which could fragment the service and be contrary to aim of document.

(ii) No – careful consideration to be given to providing service at local level.

Section 7

Require to ensure that all sections of contract are identified and funded separately to avoid, as in the past, subsequent adjustments and clawbacks which can cause uncertainty. Also ensures any additional services requested are adequately funded.

7.6ls there to be a remote locality enhancement in the formula for funding ?

QUESTION (page 20)

Require to ensure adequate provision for full assessment of requirement and subsequent implication on the service of any alterations BEFORE undertaken.

Section 8

Option 1 Will changes envisaged satisfy the 10%. Do we know their requirement?

Option 2 Convenience should not be only consideration. Identified special needs example as " drug mis-users" , presumably there are other worthy causes! May be possible to satisfy requirement within existing framework with modifications.

Option 3 Only possible if able to deliver and sustain the service which could depend on both human and financial resources. It is difficult to estimate the cost of implementation with so many new concepts. Inevitably there will be additional administrative considerations during initiation and transitional stage.