

Modernisation of NHS Community Pharmacy

In response to the above document I would make the following observations :-

The document refers frequently to the new contract which is not finalised and therefore difficult to assess implications and effects on current service. Accept that a new contract which moves away from "Volume" dispensing and utilising Pharmacists expertise is preferable. From the survey it appears that 90% of patients are satisfied with the access to Pharmacy services and therefore may only need to modify current contract. Is it known what are the requirements of the other 10%, is it merely convenience e.g longer hours? It may be that extra funding of current service may enhance the provision of facilities. In trying to rationalise the present service it may destabilise the service provision. The envisaged "Holding" contracts may dissuade the current commercial investment in premises and services resulting a reduction of availability. The current contract is partly subsidised by commercial services and removal of the some aspects may reduce viability. If new controls and requirements are to be imposed then the Boards will need to supply the technical and training support in similar way as to other healthcare professions. It will need to consider the manpower implications in order that all staff are able to participate in this education away from the work environment. Will require national standards and training to ensure equality of service.

Preferable to supply comprehensive service in locality rather than disperse services. Although Boards will have power to decide the level of service required what will be the criteria if not "necessary and desirable" and is there any recourse to appeal if affected? Will sufficient funding and guidance be provided to ensure a thorough assessment, with implications for sustainability, before any alterations are undertaken. The hidden costs of registration and bureaucracy will need to be evaluated to ensure frustration does not undermine intent. Removal of the "direct supervision" clause may cause more complications and difficulties with interpretation.

If services undertaken by Boards will they enjoy benefits of low cost overheads and contract purchases with there advantages? It will also depend on availability of appropriate staff. The current service via contractor provides stability and continuity which may be undermined by Pharmacy registration and possible temporary suspension of service in some emergency situations if no registered staff available. Adverse Incident reporting is laudable new concept but it will be necessary to provide assurances that disciplinary action will not automatically follow. Careful planning will be required to ensure co-operation and support to ultimately benefit the service .

